

LONG ISLAND YOUTH FOR CHRIST – PARENTAL CONSENT AND RELEASE OF LIABILITY

Name of Participant: _____

(Please print)

For: Avalanche Ski Trip to Shawnee Mountain, PA Date: February 18 to 22, 2019

1. RELEASE OF LIABILITY

I understand that the opportunity to attend LONG ISLAND YOUTH FOR CHRIST, INC. activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor child.

I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release LONG ISLAND YOUTH FOR CHRIST, INC., including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in LONG ISLAND YOUTH FOR CHRIST, INC. activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives LONG ISLAND YOUTH FOR CHRIST, INC. and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE LONG ISLAND YOUTH FOR CHRIST, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE LONG ISLAND YOUTH FOR CHRIST, INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in LONG ISLAND YOUTH FOR CHRIST, INC. activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold LONG ISLAND YOUTH FOR CHRIST, INC., including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all LONG ISLAND YOUTH FOR CHRIST, INC. activities.

3. MEDIA RELEASE

I hereby grant permission to LONG ISLAND YOUTH FOR CHRIST, INC. the right to use, reproduce and/or distribute and photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in material created for purposes of promoting the future activities of LONG ISLAND YOUTH FOR CHRIST, INC.

4. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; vaping or e-cigarettes, etc.) LONG ISLAND YOUTH FOR CHRIST, INC. will make every effort to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

Participant Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____

FOR NOTARY USE ONLY:

I, _____ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory (PARENT OR LEGAL GUARDIAN) above and I verified the individual's identity on this date: _____

AFFIX NOTARY SEAL

*****PLEASE ATTACH PHOTO COPY OF INSURANCE CARD, MAKE SURE FORM IS NOTARIZED & COMPLETE OTHER SIDE*****

Name of Participant: _____

Current Medical Condition

List any and all medical conditions, allergies, of medical limitations that the child may be experiencing or has experienced in the past.

Date of Last Tetnus Shot: _____

Current Medications (Medications must be sent with participant in their original containers.)

<u>Medication name</u>	<u>For</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____

Health Insurance Co.: _____ Group No.: _____ Phone #: _____

Insured under who's name: _____

Participant's Doctor: _____ Phone #: _____

CONTACT INFORMATION:

Print Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone # _____ Cell Phone # _____

In an emergency, you may call the person listed below in the event a parent cannot be reached.

Name: _____ Phone: _____

Relationship to Child: _____

*****PLEASE ATTACH PHOTO COPY OF INSURANCE CARD, MAKE SURE FORM IS NOTARIZED & COMPLETE OTHER SIDE*****

Long Island Youth For Christ
1775 New York Ave.
Huntington Station, NY 11746

Ph: 631-385-8333
Fax: 631-385-8344
info@liyfc.org