



Waiver & Photo Release Form

IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS WAIVER
PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE SOUTHWEST DISTRICT YOUTH EVENTS AND ACTIVITIES, THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES, AND AGREE THAT:

1. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume FULL RESPONSIBILITY for my participation and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual and/or significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
3. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE:

THE SOUTHWEST DISTRICT and its YOUTH DEPARTMENT, its officers, officials, agents, and/or employees, other participants, sanctioned events, sanctioned parks. Sanctioned organizations, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to involvement or participation in these programs. EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I ALSO WAIVE AND RELEASE THE USE OF MY PHOTOGRAPH OR LIKENESS FOR ANY REASON OR PURPOSE.

DISTRICT EVENT NAME: POIEMA YOUTH & YA CAMP 2019

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Emergency #: _____

E-mail: _____

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, or hospital to secure proper treatment, and or order anesthesia, for my child/myself as named above.
MY CHILD/I AM ALLERGIC TO THE FOLLOWING MEDICATION:

X _____
Participant Signature

Date Signed

Date of Birth

X _____
Participant or Legal Guardian/Parent Signature if under 18 years of age