

LIABILITY RELEASE AND MEDICAL AUTHORIZATION FORM FOR MINOR PARTICIPATION AND TRAVEL

_____ My minor child, _____, has my permission and consent to travel to and from American
Initials Youth Services, Inc. (“AYS”) BILT Camp and to participate in all camp activities during BILT Camp (the “Event”).

_____ I am the undersigned parent/guardian and I acknowledge and understand that my child’s participation and travel to and from
Initials the Event may involve risk of serious injury or death, including losses which may result not only from my child’s own actions, inactions or negligence, but also from the actions, inactions or negligence of others. AYS made the arrangements and provided funding for the food, lodging, and travel to and from the Event. AYS is not providing supervision for the Event. I understand that if I have any risk concerns regarding travel or participation in the Event, I should discuss the risks associated with my child’s participation in the Event with the Event supervisors, staff and volunteers before I sign this document and travel begins.

_____ I acknowledge that pictures or videos may be taken of my minor child during the event. I consent that AYS may copyright
Initials assign, and use such images for lawful purposes including promotion, advertising, and web.

Liability Release and Indemnification

_____ In consideration of allowing my child to participate in and travel to and from the Event, I hereby release and hold harmless
Initials AYS, its board of directors, officers, employees, members, volunteers and other participants and agents (collectively, the “Released Parties”) from and against any and all claims, demands, losses, and liabilities that my child may assert or sustain arising from his or her travel to, and participation in, the Event.

Coronavirus / COVID-19 Warning & Disclaimer

_____ COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities
Initials recommend social distancing to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the Event programs or accessing the Event facilities could increase the risk of contracting COVID-19 and AYS in no way warrants that COVID-19 infection will not occur through such actions.

Medical Authorization

My child has the following allergies, dietary restrictions, medical conditions, or other situations of which the Event staff should be aware:

Allergies, Dietary Restrictions, Medical Conditions or Other:

_____ I hereby consent and authorize a supervising adult associated with the Event to take any reasonable action to help ensure the
Initials safety, health, and welfare of my child, and absolve and release the adult from any liability. I give my permission for any emergency medical, surgical, diagnostic and hospital care, treatment or procedures deemed immediately necessary or advisable by emergency medical personnel, physician or hospital to safeguard my child’s health. I agree to be financially responsible for any medical expenses not covered by my medical insurance. If I make an injury claim against the Event’s accident/injury insurance policy, I understand I will be responsible for paying the \$250 deductible.

Print Name of Parent/Guardian:	Signature:	Date:
Medical Insurance Company:		Policy #:

EMERGENCY CONTACTS

Name of Parent/Guardian Contact:	Best Phone Number:
Name of 2 nd Contact:	Relationship to Minor:
	Best Phone Number: