



**Inland Empire Future Leaders Program
AGREEMENT & MEDICAL RELEASE
Staff Form**

Staff Members Under 18

We are the parents or legal guardians of _____ who will be participating in activities sponsored by Inland Empire Future Leaders Program. In completing the required medical form, we have provided accurate and complete information about our child's medical record.

We hereby authorize Inland Empire Future Leaders Program, its personnel and representatives, to act for us on _____'s behalf in taking such action and securing and authorizing such treatment as they, or any of them, may deem appropriate with respect to any emergency, accident, illness, or similar circumstance arising in connection with the sponsored activity. We agree that Inland Empire Future Leaders, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment.

We agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by Inland Empire Future Leaders, whether or not such services are covered by insurance.

We agree to release and discharge Inland Empire Future Leaders, its personnel and representatives from any liability or demands that might arise in connection with 1) any accident, illness, or injury, or other consequence or event arising from in connection with our son/daughter's participation in the leadership development, or 2) any cause beyond the control of Future Leaders Program, including but not limited to, natural disasters or civil disturbances.

We understand that the IEFLP Leadership Conference takes place at an altitude of 6000 feet. We further understand that the terrain is mountainous and hilly, requiring some hiking. We understand that at times our child will engage in some strenuous physical activity. We am aware that our child must take care to stay hydrated, to wear sunscreen, to use insect repellent, and to protect her/his feet by wearing appropriate footwear (such as tennis shoes) at all times. We understand that he/she may be exposed to typical plants and insects found in a Southern California mountain forest environment.

In completing the required medical form, we have provided accurate and complete information about our child's medical record.

Parent/Guardian Name

Parent/Guardian Signature

Date

Student Agreement: I agree to abide by the rules, regulations and conditions set forth by the Inland Empire Future Leaders Program while participating.

Student Signature

Date