

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:



**RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY
AND PARENTAL CONSENT
(MINOR UNDER 18 YEARS)**

TONTO CREEK CAMP requires a signature for all attendees of the Camp. A signature of a parent or guardian is required if the participant is less than eighteen (18) years of age.

ASSUMPTION OF RISK & INDEMNITY: I, _____, parent/guardian/caretaker for _____
PRINTED PARENT/GUARDIAN/CARETAKER NAME PRINTED

MINOR'S NAME Acknowledge, appreciate, that **IN CONSIDERATION** of attending Tonto Creek Camp, agree that attendance

and activities may include, but are not limited to ropes course, archery, swimming, strenuous competition games, night games, frisbee, volleyball, football, soccer, baseball, horseshoes, and other related sports and activities. I also understand that during the participation at Tonto Creek Camp, he/she may be exposed to a variety of risks and hazards, foreseen and unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, hiking/walking/running outside; snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail on behalf of the minor.

WAIVER OF LIABILITY: I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS TONTO CREEK CAMP, Arizona State University, their officers, officials, agents and/or employees ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person(s) or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of gross negligence and/or wonton misconduct.

I HAVE READ AND VOLUNTARY SIGN THIS RELEASE AND WAIVER OF LAIBILITY AND ASSUMPTION OF RISK AND INDEMNITY, and fully understand its terms and signs it freely and voluntarily without any inducement.

Parent/Guardian/Caretaker's Signature: _____ **Date:** ____/____/____

Parent/Guardian/Caretaker's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Best Phone Number to reach in an emergency: (____) _____ **Email:** _____

MEDICAL TREATMENT: I hereby consent and authorize that if, during my child's participation in activities at Tonto Creek Camp, should need emergency medical treatment and I (the parent/guardian/caretaker) am not able to give consent or make arrangements for that treatment, I authorize the administration of any/all medical treatments advisable or necessary under the judgement of camp personnel, emergency room physicians or any other clinical physicians to take whatever measures necessary to protect my child's health and well-being, including if necessary, hospitalization.

PUBLICITY AUTHORIZATION: I hereby grant my permission, both during and any time after, to use my child's likeness, name, words, photograph, audio- or video-recording for print, radio, television, internet content, social media, marketing or any other medium for the purpose of advertising and/or communicating the purposes and activities of Tonto Creek Camp and/or applying for funds to support those purposes and activities.

BEHAVIOR: As the guardian of said minor I, understand that my child's behavior at Tonto Creek Camp must comply with Tonto Creek Camp's Behavior Compliance Policy and Camp Rules.

Parent or guardian must read this form and sign below:

This is to certify that I, as a parent/guardian/caretaker with legal responsibility for this child. By signing, I am saying that agree to all of the provisions of outlined on this release and consent and agree not only to his/her release of Tonto Creek Camp and all other releases, but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

Print Name _____

Relationship to Child _____

Signature _____

Date: ____/____/____



**RELEASE OF LIABILITY FORM-B
(ADULTS OVER 18 YEARS)**

TONTO CREEK CAMP, hereinafter referred to “**TCC**,” requires a signature for all attendees of the Camp. The signature provided below confirms Agreement to Attend, Voluntary Participation, Assumption of Risk, Media Release, and Medical Release in order to attend TCC and to voluntarily participate in any TCC activity.

I, _____, acknowledge, appreciate, that **IN CONSIDERATION** of attending TCC, agree that attendance and activities may include, but are not limited to ropes course, archery, swimming, strenuous competition games, night games, frisbee, volleyball, football, soccer, baseball, horseshoes, and other related sports and activities. I also understand that during my participation at TCC, I may be exposed to a variety of risks and hazards, foreseen and unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, hiking/walking/running outside; snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail.

I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE AND HOLD HARMLESS TONTO CREEK CAMP**, their officers, officials, agents and/or employees (“releases”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person(s) or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE**, except that which is the result of gross negligence and/or wonton misconduct.

Furthermore, this form releases TCC for any lost, stolen, or damaged articles

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

Printed Name

Participant’s Signature

Date

Address: _____ City: _____ State: _____ Zip Code: _____

Best Phone

Email