



**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 Youth Services, Inc. BILT Camp and to participate in all camp activities during BILT Camp 2018 (the "Event").

I am the undersigned parent/guardian and I acknowledge and understand that my child's participation and travel to and from 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. American Youth Services, Inc. made the arrangements and provided funding for the food, lodging and travel to and from the Event. American Youth Services 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 before travel begins.

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

Print Name of Parent/Guardian:	Signature:	Date:
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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 American Youth Services, Inc., 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.

Print Name of Parent/Guardian:	Signature:	Date:
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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 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 \$100 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: