

(Every youth attending this event must complete and submit this form & pet rescue release form)

Be sure signature of youth and parent/guardian or adult/advisor is on this form. Registrations are not valid without appropriate signatures. Voluntary Release - Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of my participation (adult/advisors) or my son/daughters attendance in the BCDBH - Community Services, I hereby release, discharge and covenant not to sue BCDBH - Community Services, any other supporting agencies and counties, and it's agents, representatives, officers, and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training (herein collectively referred to as "releasee") from any and all claims and liability arising out of strict liability or ordinary negligence of releasee harmless and/or indemnity releasee for any and all claim judgment or expenses releases may incur arising out of my participation (adult/advisor) or my son/daughter's activities and/or participation in this event.

I understand that my participation (adult/advisors) or my son/daughter's participation in this event contains certain dangers and risk of injury; that the event will be indoors and outdoors and that there is an inherent danger in playing outdoors which I appreciate and voluntarily assume, because I choose to do so. I further know that other participants may pose a danger to myself (adult/advisor) or my son/daughter, as this is a physical activity. I voluntarily elect to accept all risks connected with my participation (adult/advisor) or my son/daughter's participation in this event.

I further recognize that the BCDBH - Community Services is in no way liable, or responsible for my transportation (adult/advisor) or my son/daughter's transportation to or from the event. I accept that there are inherent dangers while driving or riding in a motor vehicle, and if an incident should occur which injures, or kills me (adult/advisor) or my son/daughter on their way to or from the event, I fully understand that BCDBH - Community Services is not liable.

I have read and will abide by the rules set forth by the staff. I agree that this agreement shall apply to incident, injury, or accident occurring at the event and to any incident, injury, accident, or death occurring within a period of one (1) year after the execution of this agreement.

Educational Code: It is agreed that I will (adult/advisor) or my son/daughter will abide by the Official Operating Policies of BCDBH - Community Services, and the rules or regulations that put the safety or welfare of the group, myself (adult/advisor) or my son/daughter in jeopardy, he/she will be sent home at my expense. If I (adult/advisor) or he/she breaks any of these rules or regulations, I give my permission to the sponsor for whatever disciplinary action is judicious to ensure the safety and welfare of the group.

Medical Consent: I hereby give my consent to have the undersigned participant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that BCDBH - Community Services, and its agents, representatives, officers, any and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

Date of Last Tetanus Shot Participant Received **Name of Family Physician or Medical Group** **Telephone Number**

Medical Insurance Coverage **Medical Group Number**

I further grant full permission to BCDBH - Community Services and its directors to use an audio and/or visual recording and/or photographs of this event with me in it for promotional and/or educational purposes without receiving any financial return or further authorization.

I have read and understand this document. I understand it is a release of all claims. I understand I assume all risk inherent in participation in the BCDBH - Community Services event. I voluntarily sign my name evidencing my acceptance of the above provisions.

Participant Signature _____ **Date** _____ **Print Participant's Name** _____ **Age**

If 18 or under Guardian Signature Required _____ **Date**

Emergency Contact other than parent _____ **Relation to** _____ **Phone #**