

2019 YMCA BLUE RIDGE LEADERS' SCHOOL PARENT RELEASE FORM

Note: Applications for BRLS 2019 will be submitted online. Please visit ymcabrls.org/registration for information. Each applicant's parent or legal guardian must complete **both sides** and return a copy of this document to your Leader's club advisor **prior to the club's Registration Meeting**.

Leader's Name (print): _____
Last (legal name) First (legal name)

YMCA Name: _____

Emergency Contact Name: _____ Relationship to Leader: _____

Emergency Contact Email: _____ Emergency Contact Phone: _____

LEADER'S HEALTH INFO: General Health: ___ Fair ___ Good ___ Excellent

Please list any ongoing medical conditions (including any professionally diagnosed mental health issues) (please describe or list "none"): _____

Any allergies? ___ Y ___ N If yes, please describe and include reaction. _____

Epi pen needed and carried with Leader? ___ Y ___ N

Your Leader's club advisor must be informed of all prescribed medications taken by the Leader. I am aware of this requirement. _____ (parent initials)

Medications ___ Y ___ N If yes, please describe _____

Dietary restrictions? ___ Y ___ N If yes, please describe _____

Any other known physical or mental condition, disability, injury or illness that will impact your leader's full involvement at BRLS? _____

RELEASE AGREEMENT

By signing below, I represent, covenant and warrant that: I am the parent and/or legal guardian of the minor child identified above ("Participant"); that I, on my own behalf and on behalf of Participant, have read and understand all the rules, guidelines and standards of Blue Ridge Leaders' School 2019 ("BRLS"); and that Participant meets all the requirements necessary to attend BRLS. I further acknowledge and agree, on my own behalf and on behalf of Participant, that Participant will abide by the rules and policies of BRLS and conduct him/herself as an exemplary representative of his/her YMCA.

I hereby give my express written consent on my own behalf and on behalf of Participant for Participant to participate in all activities (including rigorous physical fitness activities) of BRLS on the campus of YMCA Blue Ridge Assembly in Black Mountain, NC. I acknowledge and agree that BRLS does not carry liability insurance on behalf of its attendees or participants. I represent that Participant is qualified, in good health, and in proper physical condition to participate in the BRLS activities. I understand that there are certain inherent risks and dangers associated with the BRLS activities, and that, except as expressly set forth herein, I knowingly and voluntarily accept, and assume responsibility for, each of these risks and dangers and all other risks and dangers that could arise out of, or occur during, Participant's participation in BRLS.

I acknowledge and agree that BRLS may photograph, record, videotape Participant and use Participant's name, biographical information, voice, image, likeness and persona (collectively, "Likeness") in connection with the activities at BRLS and may use such Likeness in any media whether known now or hereafter developed for BRLS' and the YMCA's commercial, marketing and promotional purposes without additional compensation to myself or Participant. I further release, on my own behalf and on behalf of Participant, BRLS from any claim, damage or liability related to such use and waive all claims for myself, Participant, and respective heirs and assignees.

I, on my own behalf and on behalf of Participant, hereby waive, release, indemnify, hold harmless and forever discharge YMCA Blue Ridge Leaders' School, YMCA Blue Ridge Assembly, the YMCA, each of their subsidiaries and affiliates and their respective officers, directors, staff members, employees, agents, and representatives from and against any and all claims, liabilities, damages and/or expenses resulting from or related to Participant's participation in BRLS activities, including medical treatment and transportation. I approve Participant's enrollment into BRLS and authorize medical treatment at my sole cost if deemed necessary by the BRLS medical team. **I understand that I am signing this agreement freely and voluntarily.** If any part of this agreement is held invalid, the balance of this agreement shall remain in full force and effect. This agreement shall be construed in accordance with the internal laws of North Carolina.

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Signature: _____

Date: _____

ADVISORS: By signing below, you acknowledge and agree that the information contained in this Parent Release Form matches the information submitted in Participant's Leader Application and that Participant's Leader Application is approved.

Advisor Name (print): _____

Advisor Signature: _____

Date: _____