

PERMISSION SLIP / HOLD HARMLESS / MEDICAL RELEASE

Parent's Full Name _____,

1. I hereby agree that (*Child's Full Name*) _____'s participation in Teens on a Mission is entirely voluntary.

2. I further state that I am aware of all inherent dangers of participation and the risks involved in various outdoor activities, and I assume full responsibility for my child and any of my dependents who attend for bodily injury, death, loss of personal property, and expenses thereof as a result of those inherent risks and dangers in participating in the activities. Said activities may include but are not limited to fishing, hiking and other sport related activities. I acknowledge that their participation in said activities is at their own risk.

3. Animals, reptiles, insects, and similar life in the wild are unpredictable and sometimes carry inherent risks, which include allergic reactions. Teens on a Mission and their owners, their agents, volunteers, employees, instructors, and officers are not responsible for any bites, stings, or injury resulting from any service related activity. Participants and Parents assume all the risks of participating in service and non-service related activities and events.

4. I ACKNOWLEDGE, UNDERSTAND, DECLARE, AND AGREE that to the best of my knowledge, my child is in good physical condition and have no disease or injury that would be aggravated by participating in service activities.

5. I consent to all emergency medical treatment, given through a Teens on a Mission representative or a medical professional, as may be deemed appropriate under existing circumstances associated with camp activities. I authorize Teens on a Mission and its representatives to transport my child to and from any service/activity location.

6. I authorize Teens on a Mission to transport by whatever means is available at the time to a nearby medical facility if need be or to place me in the care of a local physician for treatment. I further agree that all expenses incurred in rendering these services, including transportation, whether placing me in a hospital and/or in the care of a physician, will be a debt and liability I am responsible for, and I agree to make repayment, time being of the essence.

7. I agree, on behalf of myself, my dependents, my assigns, my executors, and my heirs, to release, indemnify, covenant not to sue, waive, discharge, and hold harmless Teens on a Mission, its trustees, officers, agents, employees, owners, and volunteers

for any injury whatsoever arising out of or in any way related to my participation in service activities, including any act or omission of any third party.

8. I have read and understand the terms of this "Permission Slip / Hold Harmless / Medical Release" and agree to all terms and conditions on behalf of myself, heirs, representatives, executors, and administrators. I hereby certify by my signature that I am physically fit and capable of participating.

9. I acknowledge that travel to and from service/activity sites involves the use of a private passenger vehicles owned or controlled by members of Teens on a Mission.

10. I certify that I am of lawful age and legally competent to sign this affirmation and release and that I have signed this document as my own free act.

I agree to all of the above information:

Signature (parent/guardian) _____ **Date** _____

Print Name _____