Youth Program Informed Consent, Voluntary Waiver, Release of Liability, & Assumption of Risks Form

Program Name: _____

Date(s): _____ **Time(s):** _____

Location(s): _____

Description of activities: _____

_____

PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE-REFERENCED PROGRAM.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above-referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand, and appreciate that as part of my Child's participation in the Program there are dangers, hazards, and inherent risks to which my Child may be exposed, including mental anguish, the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life, or damage to property arising out of training for, preparing for, participating in, and traveling (if applicable) to, during, or from the Program.

I, on behalf of my Child, hereby release the Youth Program, Youth Program Personnel, Auburn University; its Board of Trustees, individually and collectively; Administrators; Faculty; Staff; and all other officers, directors, employees, and agents (hereafter "Auburn") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training for, preparing for, participating in, and traveling (if applicable) to, during, or from the Program. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify, and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss, or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that Auburn accepts no responsibility for my Child's personal property. Further, I assume full responsibility for any damage to persons or property caused by my Child.

Auburn does not accept responsibility or liability for providing health care insurance for my Child. I acknowledge that I should consult my Child's medical care provider regarding my Child's participation in the Program, and I warrant my Child's physical fitness to participate in the Program. In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for my Child on my behalf.

I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during their participation in the Program and agree to indemnify and hold Auburn harmless for any claim that may be made by a doctor or medical facility for said fees and charges incurred in the provision of medical care to my Child.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage, or loss as a result of my Child's participation in any part of the Program, shall be brought only in Lee County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions.

I understand that I am giving up substantial rights (including my right to sue). I acknowledge that I am signing this document freely and voluntarily, and I intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. I certify that I am the parent or legal guardian of the Child named above and that I have the right to sign this document on the Child's behalf. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name: _____ **Parent/Guardian Name:** _____

Participant Signature: _____ **Parent/Guardian Signature:** _____

Date: _____ **Date:** _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19