

REQUIRED RELEASE:
THE YCA – HAYWARD – ROUND LAKE Youth Muskie Hunt – JUNE 12-14, 2014
General Release and Hold Harmless Agreement

Participant's Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____ Contact Name: _____

I, _____, am the parent or legal guardian of _____ (the "Minor"), who desires to participate in various programs, events or activities in the **THE YCA - HAYWARD - Round Lake Youth Muskie Hunt – JUNE 12-14, 2014** (hereinafter collectively referred to as the "Activities") operated or sponsored by the Youth Conservation Alliance, an Illinois not-for-profit corporation (the "YCA"), which may include, but not be limited to, swimming, fishing, boating, archery, clay target shooting and other handling of live firearms.

I understand and acknowledge that YCA will not allow the Minor to participate in the Activities without releasing and holding YCA, its officers and directors, and its employees, agents, and any parties volunteering on behalf of YCA, harmless from any liability arising out of participation in the Activities. I have investigated the risk involved in the Minor's participation in the Activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, abduction and even death.

I REQUEST THAT YCA ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE YCA, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF YCA, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of YCA's representatives while participating in the Activities.

This Agreement is binding on the Minor's heirs, successors and personal representatives.

_____ **Initials** **Medical Treatment Authorization and Power of Attorney**

In the event the Minor suffers any injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me and my spouse have been unsuccessful, I hereby appoint **YCA staff** as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the Minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact me or my spouse.

_____ **Initials** **Photograph Release**

Regarding photographs of myself or my child(ren) taken at the Activities, I give YCA permission to do the following for non-profit use and without charge: use at the discretion of YCA, display at an event or be used in a multimedia presentation, reprint and distribute for any YCA non-profit publication with copyright to accompany photo when used (for example, in newsletters, brochures, etc.), display on the YCA website, or use quotes and video clips on the YCA website and blog.

The undersigned agrees to the above Initialed sections and this agreement is binding on my heirs, successors and personal representatives.

(Print Full Name) Parent or Legal Guardian Signature: Parent/Guardian - on behalf of the Minor _____
DATE

(Print Full Name) Parent or Legal Guardian Signature: Parent/Guardian - Individually _____
DATE