



## MEDICAL, LIABILITY & BEHAVIOR RELEASE FORM

Name of Student: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_

Parent or Guardian: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

In consideration for being accepted by Bighouse Youth Outreach, Inc. for participation in all activities, we (I), being 21 years of age or older, do for ourselves (myself) do hereby release, forever discharge and agree to hold harmless Bighouse Youth Outreach, Inc. and the directors thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in any activity or trip.

Furthermore, we (I) here-by assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant. We (I) further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in all activities. We (I) understand that every effort will be made to contact us (me) prior to the administering of any medical treatment and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

**Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Parents and Students, please read and discuss the following:** On all of our youth events, we have certain expectations regarding behavior which will insure that we all have a great experience. There will be **no smoking, cell phones will be held by Bighouse staff and given back to student upon return** (*parents can call staff member if you need to contact your teen during outings*) **if you leave with us you come back with us NO EXCEPTIONS unless discussed with parent or guardian FACE to FACE before outing.** If, during this event, you are **unwilling to maintain these expectations**, please understand that **your parents will be notified.** Please sign below indicating that you understand this and agree to cooperate. (*Keep in mind that the rules are set in place so that we can fully enjoy the company of one another and the event we are participating in without cell phone drama monopolizing our time together.*)

Teen: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_