

Name: _____



Maytown Center & Trips for Kids Maytown Release / Permission Form

Use Pen!

EXPRESS ASSUMPTION OF RISK, RELEASE, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT.

In consideration for the services of Alive in the Mountains, CrossRoads Missions, Maytown Center, Trips for Kids Maytown, its outing leaders, officers, agents, and volunteers, I, on behalf of myself and/or as the parent or guardian of the minor child participating in the Maytown Center activity, and our heirs, agree as follows:

I understand and am aware that hiking, caving, bike rodeos, home repairs, yard projects, canoeing, Ultimate Frisbee, mountain biking, swimming, Volleyball, skateboarding, Basketball, and related activities including, among others, use of TFK equipment or Maytown Center equipment such as camp stoves, knives, tents, backpacks, rafts, canoes, and bicycles (referred to herein as "Activity"), and transportation to and from such Activity, are **HAZARDOUS ACTIVITIES involving INHERENT AND OTHER RISKS** of injury to any and all parts of the body. I further understand that injuries in the Activity are a COMMON AND ORDINARY OCCURRENCE, and I have made a voluntary choice for myself and/or the minor child listed below to ACCEPT AND ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with or result from this Activity. This includes transportation to and from activities.

To the fullest extent allowed by law, I agree to RELEASE FROM LIABILITY, and to INDEMNIFY AND HOLD HARMLESS TFK, Alive in the Mountains, CrossRoads Missions, any other organization assisting in an activity & the Maytown Center from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, even if caused by NEGLIGENCE, in any way connected with this Activity. I further AGREE NOT TO MAKE A CLAIM OR SUE FOR INJURIES OR DAMAGES RELATING TO THIS ACTIVITY, even if caused by NEGLIGENCE. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for me and/or my minor child. I AUTHORIZE TFK / MAYTOWN CENTER OUTING LEADER(S) TO RENDER FIRST AID OR EMERGENCY CARE, within the scope of the certification of the outing leader(s). In addition, I authorize TFK / Maytown Center to call for medical or dental care for myself and/or my minor child if, in the opinion of TFK/ Maytown Center, medical or dental care is needed. I AGREE TO PAY FOR ALL EXPENSES AND COSTS ASSOCIATED WITH SUCH CARE AND RELATED TRANSPORTATION. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of Kentucky Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.



Photo Release: (Initial or check one)

I hereby authorize Maytown Center / TFK/ CrossRoads Missions and participating organizations to use any photos of my child for articles, press releases, organizations' web sites, promotional flyers, or slide shows.

____ YES, take my/their picture _____ NO pictures



Mountain Bikers and Bike Rodeos: (Initial or check which applies)

I am aware that Mountain Biking can be a dangerous sport for me or my child. It is up to the rider to stay in control. Roads and trails that TFK will travel on may include; S.R. Route 80, up hollers, Elkhorn Park, etc. Trails can be steep, slick, rooty, fast, muddy, & rocky and can easily cause serious injury or even death. Riders are responsible for any damage done to borrowed bikes or helmets. Riders must wear helmets during TFK rides.

____ YES, I understand the risk & responsibility of Mountain biking for myself/my child
____ I **only** give my child permission to participate in on site **Bike Rodeos** _____ NO, I/they will not Mountain Bike ride



Skate Boarders: (Initial or check one)

I am aware that skate boarding is a dangerous sport in which cuts, bruises and broken bones are common. I understand that serious injuries and even death can result from skate boarding. The skate boarder will wear a helmet whenever skating on a MC trip.

____ YES, I understand the risk & responsibility of Skateboarding for myself/child. _____ NO, I/they will **not** skateboard

For Parents of students under 18 years old:

- I understand that spots are limited for most activities and not all students may be able to attend. I also understand my money may only be expected to be refunded if the camp or activity is full.
- I understand that if my child's behavior is not appropriate he or she may be asked to not participate in the remainder of the activity/camp.
- My/ my child's Swimming ability: (check one) ___ They swim great in deep water ___ They do not swim very well



I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE PROVIDED ON PAGE ONE, AND TWO OF THIS AGREEMENT IS TRUE, CORRECT AND COMPLETE. I AGREE TO UPDATE INFORMATION ON THIS AGREEMENT AS NECESSARY. I ALSO ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED EACH OF THE ABOVE PROVISIONS, AND VOLUNTARILY SIGNED THIS AGREEMENT.

Use Pen!

Participant's signature: _____ Today's Date: _____

Parent's/ legal guardian signature: _____ (if participant is under 18 years old)

Witness (over 18 years old): _____ **S**ignature: _____

This release form is good for all TFK / Maytown Center trips, both local and away from the area, from July 2007 to June 2009



PARTICIPANT'S EMERGENCY MEDICAL INFORMATION

Participant's Name: _____ Grade: ___ Age: ___ Phone: _____

Parent's / Guardian's name, if participant is a minor: _____

Street: _____ City: _____ Zip: _____

Date of last tetanus booster: _____ Height: _____ Birthdate: _____ Email: _____

1. Allergies to drugs, foods, insect bites, etc.: _____
2. List all medications for which the participant currently holds a prescription and indicate which ones the participant will be taking during outing(s): _____
3. List all medical conditions of which the outing leader should be aware or which may affect the participant's ability to Participate in activities (such as asthma, heart disease, diabetes or neuromuscular): _____

Family Physician: _____ Phone _____

Insurance Company _____ Policy Number: _____

Insurance Phone Number: _____ Medical Card: ___ YES ___ NO

List the persons we should **call in case of an emergency**, if we can not first contact you with above number.

- | | | |
|---------------------|---------------|---------------|
| 1. _____ | _____ | _____ |
| Name & Relationship | Daytime Phone | Evening Phone |
| 2. _____ | _____ | _____ |
| Name & Relationship | Daytime Phone | Evening Phone |
| 3. _____ | _____ | _____ |
| Name & Relationship | Daytime Phone | Evening Phone |

