



Lake County Youth Mentor Program Activity Liability Release Form

Child's Name: _____

Address: _____ Home Phone: _____

Parents Name(s): _____

Parent's Work Phone (Father): _____ (Mother): _____

Someone to Contact in Case of Emergency (Other Than Parent): _____

Emergency Phone: _____

My minor child, _____, has permission to participate in the following special activities through the Lake County Youth Mentor Program (LCYMP) for a period of one year.

I have checked all activities that my child may participate in with his/her mentor. My child may **not** participate in any activity that is left unchecked. Any special activities not listed on this form must be approved before my child engages in the activities.

- | | | |
|---|---|--|
| <input type="checkbox"/> horseback riding | <input type="checkbox"/> water skiing | <input type="checkbox"/> shooting firearms |
| <input type="checkbox"/> fishing | <input type="checkbox"/> water tubing | <input type="checkbox"/> archery |
| <input type="checkbox"/> boating/canoeing | <input type="checkbox"/> downhill skiing | <input type="checkbox"/> helping with construction |
| <input type="checkbox"/> mountain biking | <input type="checkbox"/> cross country skiing | <input type="checkbox"/> cattle branding |
| <input type="checkbox"/> bike riding | <input type="checkbox"/> snowboarding | <input type="checkbox"/> cattle drives |
| <input type="checkbox"/> riding ATVs/RVs | <input type="checkbox"/> snow tubing | <input type="checkbox"/> roping |
| <input type="checkbox"/> riding in motor vehicles | <input type="checkbox"/> skateboarding | <input type="checkbox"/> rock hounding |
| <input type="checkbox"/> riding in farm vehicles | <input type="checkbox"/> rock climbing | <input type="checkbox"/> hiking |
| <input type="checkbox"/> motor biking | <input type="checkbox"/> welding | <input type="checkbox"/> swimming (rivers/lakes) |
| <input type="checkbox"/> weightlifting | <input type="checkbox"/> boxing | <input type="checkbox"/> swimming (pools) |
| <input type="checkbox"/> gymnastics | <input type="checkbox"/> dance | <input type="checkbox"/> sledding |
| <input type="checkbox"/> snowmobiling | <input type="checkbox"/> movies (PG or lower) | <input type="checkbox"/> crafts |

I understand that participation in the above activities carry with them a certain element of risk, and that by participating in these events, my child will be exposed to a variety of hazards and risks of injury, both foreseen and unforeseen and which cannot be eliminated due to the nature of the activities. These risks include harm to my child, his property, and harm to others.

I understand that my child's mentor and LCYMP will do everything possible to limit the risks associated with these activities, which include mentors being trained in CPR/First Aid. If I allow my minor child to participate in shooting any type of firearm with his/her mentor, I agree to ensure that my child attends a gun safety class with his/her mentor which will be presented by LCYMP.

(OVER)

In consideration for providing my child the opportunity of participating in the aforementioned activities, while fully recognizing the dangers and hazards inherent in participating in the above mentioned activities and any related transportation to and from activity events, to the fullest extent allowed by law, **on behalf of myself and my minor child**, I hereby voluntarily agree to **waive and discharge any and all claims of whatever nature and release from liability**, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and **Hold Harmless** the Lake County Education Service District (ESD), its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorneys fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or losses of any kind which may result from or in connection with my child's participation in these activities, up to and including injuries stemming from the actions of the ESD or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child.

In the event that my child may require emergency medical treatment while participating in the aforesaid activities, I authorize the ESD and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs. Please note due to COVID-19 restrictions, we will be utilizing masks and adhering to social distancing.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this release and fully understand its contents. I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to allow my child to participate in these activities.

Dated this _____ day of _____, _____

Signature of Parent/Guardian _____