

Liability Waiver and Emergency Permission Form

(Required for participation of minors)

Name _____ Age _____ Birth date _____
Address _____ Phone (____) _____
City _____ State _____ Zip code _____
Phone Numbers (____) _____ home
(____) _____ work

Permission...

The undersigned does hereby give permission for their child, _____ to attend and participate in the Northeast Montana Youth Rally (Wolf Point Youth Rally) on the dates of February 16th-18th, 2019

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Release of Liability...

I hereby acknowledge that my child has voluntarily agreed to participate in the Northeast Montana Youth Rally and will participate in activities which will be monitored by adults selected by the NE Rally Committee.

I understand that the above activities and all other hazards and exposures connected with these activities conducted in the outdoors do involve risk and I am aware of the risks and dangers inherent with these activities. I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my child's negligence in any scheduled or unscheduled activities associated with this event are my (the undersigned) responsibilities.

I agree to defend and hold harmless the participants and leaders of the Northeast Montana Youth Rally (Wolf Point Youth Rally) for any injury or death caused by or resulting from my child's participation in the activities, scheduled or unscheduled, whether or not such injury or death was caused by their negligence or from any other cause. **By signing my initials below, I certify this is a release of liability.**

Participant's initials here: _____
(Initials)

Parent or Responsible Guardian's initials here: _____
(Initials)

Signatures

Hospital Insurance: Yes _____ No _____

Insurance Co: _____

Policy Number: _____

Emergency phone: (____) _____
(____) _____

Participant: _____ Date: _____

Father: _____ Date: _____

Mother: _____ Date: _____

Legal Guardian: _____ Date: _____

* On the reverse side of this page, please list any allergies or special medical considerations your child has.