



Permission Slip and Waiver of Liability
Eagle River Youth Coalition DBA Mountain Youth

Participant Name *(Please Print)*: _____ **Pronouns**: _____

School: _____ **Grade**: _____

Mailing Address: _____

Date of Birth: _____ **Age**: _____ **Phone**: _____ **Email**: _____

Medical Conditions or Allergies: _____

Parent/Guardian Name: _____ **Phone Number**: _____ **Email**: _____

I give my permission for (name) _____ to participate in activities, meetings and trainings related to Mountain Youth, such as Valley's Voice, MOYA, Communities That Care, Tu Guia, We Hear U and community events. Activities may involve physical activity, exposure to changing weather and terrain elements. Your permission, indicated below, acknowledges these risks.

Section A- Release from Liability

In consideration of the opportunity to participate in the activities, the undersigned discharges Eagle River Youth Coalition DBA Mountain Youth and its affiliates, employees and volunteers and any owners and lessees of the premises used to conduct the activity, for all purposes (hereinafter referred to as "Releasees"), from all liability to the participant for any and all claims, demands, and actions whatsoever related to any loss or damage (including property) caused by the negligence of the Releasees or otherwise while the participant is participating in the activities.

Section B- Assumption of Risk

The participant is voluntarily participating in the activities and assumes full responsibility for the risk of bodily injury, death, illness or property damage due to the negligence of the Releasees or otherwise, while in or upon the premises and/or while participating in the activities. The undersigned expressly acknowledges and agrees that the activities may be dangerous and involve risk.

Section C- Image and Video Release

The undersigned consents to the use of the participant's image, including photographs, video and audio, for promotional and educational purposes. I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used now or in the future. I understand that all materials remain the property of Eagle River Youth Coalition DBA Mountain Youth.

Section D- Medical

I agree that in the event of a medical emergency, Eagle River Youth Coalition DBA Mountain Youth, its agents, employees, and volunteers may provide medical assistance deemed necessary under the circumstances. I further agree and authorize Mountain Youth, its agents, employees, and volunteers to make any and all necessary arrangements for emergency care and I agree that these parties shall be free from any liability for personal injury or loss resulting from my transportation to a medical facility. Health/ accident coverage is the responsibility of the participant or their parent/ guardian. I understand that if the participant is feeling sick, they will be kept home from all activities.

Section E- General Terms

I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that this release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that in the event that any clause or provisions of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

By signing below, I express my understanding and intent to enter into this release and waiver of liability willingly and voluntarily. By signing below, I agree to each above section.

Signature (Participant): _____ **Date:** _____

Parent/ guardian if participant is under 18 years of age: As parent/guardian signing this agreement for the above-named minor, I acknowledge that I am authorized to sign this agreement for the minor. I acknowledge and agree that I have read the above release and that by signing this release on behalf of the minor, the minor and I agree to be bound by its terms. I hereby agree to indemnify, defend and hold harmless the releasees for any claim or suit arising out of participation in Eagle River Youth Coalition DBA Mountain Youth activities.

Signature (Guardian): _____ **Date:** _____