

LIABILITY RELEASE AND INDEMNIFICATION FORM FOR MINOR TRAVEL

I, the undersigned parent, request voluntary participation for my minor child to travel to and from _____, _____ for the dates from _____, 20__ through _____, 20__ with T.E.A.C.H. Outdoors, Inc. NFP.

I consent to the minor's travel with following volunteers: _____ . I

understand that the activities are optional and each child assumes the risk regarding participation in the activities that will be held.

I consent to my minor's participation in traveling to and from _____, __ and acknowledge that I fully understand my minor's participation in travel may involve risk of serious injury or death, including losses which may result not only from the minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. This includes all travel to and from the event arranged by T.E.A.C.H. Outdoors, Inc. NFP, including but not limited to all transportation by vehicles driven by members or volunteers of T.E.A.C.H. Outdoors, Inc. NFP. I understand that if I have any risk concerns regarding travel, I should discuss the risks associated with the minor's participation with the activity coordinators with Jim Smith, President of T.E.A.C.H. Outdoors, Inc. NFP, before I sign this document and before travel begins.

Release - Minor's Rights:

In consideration of allowing minor participant to travel to and from _____, __ and to participate in the activities at _____ located in _____, __, I hereby release and hold harmless T.E.A.C.H. Outdoors, Inc., its coaches, board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do hereby discharge and waive any and all claims, demands, losses damages and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her travel or participation in the event(s) in the locations referenced above.

Release- Parent/Guardian Rights:

In consideration of allowing Minor Participant to travel to and from the location stated above outdoor events and activities, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's travel to and from the location stated above along with any and all participation in the activities held.

I certify that the Minor Participant is in good health and has no physical condition that would prevent traveling to and from any events with T.E.A.C.H. Outdoors, Inc. NFP. Furthermore, I agree to use my minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, and hold safe and harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's travel to and from as outlined above and agrees to indemnify and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from participation in the events.

Date: _____, 20__

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Printed Name of Minor Child

**T.E.A.C.H. Outdoors, Inc. NFP
Medical Release Form For Minor**

Name of Minor Participant: _____
DOB: _____

Today's Date: _____

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH minor participant who will be traveling and attending the program with T.E.A.C.H. Outdoors, Inc. NFP.

MEDICAL RELEASE

I certify that, to the best of my knowledge and belief, my minor child _____, is in good physical condition and has no condition which would impair participation in the program. In case of injury, I hereby give T.E.A.C.H. Outdoors, Inc. NFP and its officers, directors, volunteers and members attending the program my permission to act on my behalf in seeking medical treatment from any licensed physician, hospital, or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve T.E.A.C.H. Outdoors, Inc. NFP, its directors, officers, members, volunteers, assigns, and heirs from any and all liability while acting on my behalf in my absence in this regard.

Date: _____, 2018

Signature of Parent/Guardian

Phone: _____

Printed Name

Address: _____
Street Address City State Zip

If parent is not available please contact the person designated below:

Name: _____

Phone #: _____

Relationship to minor: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be needed in rendering medical treatment if necessary: _____

Parent/Guardian Insurance Information

Name of Insured Person(s): _____

Insurance Company Name: _____

Address: _____
Street Address City State Zip

Phone #: _____ Policy #: _____

Group #: _____

By signing the above medical release I authorize this insurance policy information to be submitted, if necessary, to a medical care provider or hospital, for care and treatment of the minor listed above.