

# Assumption of Risk and Liability Release Agreement

I, \_\_\_\_\_ (*participant*) acknowledge that I desire to participate in the following LeadaChild's Activity (hereinafter the "Activity"):

*Activity or Event:* \_\_\_\_\_  
to be conducted approximately on or between: \_\_\_\_\_ (*date*) to \_\_\_\_\_ (*date*).

### READ BEFORE SIGNING:

LeadaChild and the undersigned agree that my participation in the Activity poses risks including but not necessarily limited to: sickness and/or health hazards due to poor food and water, diseases, pests, and poor sanitation, personal injury, death, crime, political instability, government opposition to the Activity, and inadequate medical facilities as well as similar and dissimilar risks (herein "Risks"). My participation in any and all activities is voluntary and I agree to accept the Risks of my participation, including all Risks of personal injury or death.

In consideration of LeadaChild permitting me to participate in the Activity and all its related activities and to use LeadaChild's facilities and equipment, on behalf of myself and my personal representatives and their successors in interest (all hereinafter referred to as "Releasors"), **I do hereby release LeadaChild, its officers, directors, employees, representatives and agents (hereinafter referred to as "Releasees") from any and all liability** for any loss, cost, expense or damage and any claim for damages thereafter, on account of injury to my person or property or death, whether caused by the negligence or releases or otherwise, while I am participating in any way in or preparing for the Activity. I further agree to indemnify, defend and hold harmless Releasees and each of them from all loss, liability, damage, expense or cost which any of the Releasees may suffer or incur due to or in any way arising out of my participation therein and related activities, whether caused by the active or passive negligence of any of the Releasees or otherwise.

I agree that my application/registration may be denied for any reason, or no reason, and LeadaChild reserves the exclusive right to determine the fitness of its volunteers. I agree that the LeadaChild may deny my application or terminate my participation at any time.

I agree that in the event my conduct is considered by LeadaChild or its representatives to be so unsatisfactory that it jeopardizes the safety and/or success of the Activity, and that mediation during the Activity has failed to correct my conduct, that my services in connection with this Activity shall end and I may be required to return home before completion of the Activity, possibly at my own expense. I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Kansas and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any portion of this agreement that is held invalid for any reason shall be enforced to the fullest extent permitted by applicable law.

**I hereby release LeadaChild and its representatives** (including all Releasees as defined above) from any claim whatsoever on account of first aid, treatment or service rendered to me during participation in the Activity. To the extent that if I am a minor, my parent or legal guardian's signature below indicates that my parent or legal guardian hereby expressly gives to LeadaChild and the other releases the same releases, consents and indemnities set forth herein.

I have carefully read the above release and I know its contents. I am aware that this is a release of liability and I sign this voluntarily. This release contains the entire agreement between the parties relating to the subject matter. The terms of this release are contractual and not a mere recital.

\_\_\_\_\_  
Print Name of Participant                      Signature of Participant                      Date

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS A MINOR) CONSENTING TO A MINOR'S PARTICIPATION UNDER THE FOREGOING TERMS AND CONDITIONS:

\_\_\_\_\_  
Print Name of Guardian/Parent                      Signature of Guardian/Parent                      Date

# LeadaChild

## Assumption of Risk and Liability Release Agreement 2 of 3 total pages

### Medical Insurance [please check box(s) below that apply]:

I understand I DO have the following medical and/or accident insurance policy(s) and I agree that I am responsible to submit and process any claims for coverage and/or reimbursement subject to the insurance company's policies and to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Activity which are not covered under the policy terms. I understand that LeadaChild has no responsibility for premiums, coverage or claims thereunder.

Name of Insurance Company and Policy No. \_\_\_\_\_

Insurance Company Contact Information: \_\_\_\_\_

I DO NOT have medical or accident insurance and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Activity, including during the transportation to and from the Activity. I understand that LeadaChild has no responsibility for any medical and/or dental expenses I may incur.

I do hereby authorize LeadaChild or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment during this Activity.

\_\_\_\_\_  
Signature and Date

### FOR MINORS ONLY: Parental Consent for medical treatment of a minor participant

I, \_\_\_\_\_ (print name) the parent/legal guardian of the participant, who is a minor, I do hereby authorize LeadaChild or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment during this activity. If there is an emergency please use best efforts to contact me at:

Phone #: \_\_\_\_\_.

If there is an emergency and I cannot be reached please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WHO IS AUTHORIZED IN MY BEHALF

\_\_\_\_\_  
Signature of Guardian/Parent and Date

## Medical /Emergency Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address, cont'd: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SSN or ID#(passport): \_\_\_\_\_  
Blood Type: \_\_\_\_\_ Prior Transfusion Reaction? \_\_\_\_\_

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Contact Lenses?    Dentures?    Diabetic?    Epileptic?

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Allergies to medications? (list) \_\_\_\_\_

Medications taking now? (list) \_\_\_\_\_

Other medical conditions? (list) \_\_\_\_\_

Surgeries or Hospitalizations?(year, what done, location)  
\_\_\_\_\_

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### Primary Physician and/or Medical Treatment Facility:

Physician Name: \_\_\_\_\_  
Facility or Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Next of Kin or person to be notified in an Emergency:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Notes: **Place a copy of this form where someone else can easily find it.**

**Fill out and send copy to LeadaChild either by an email attachment or mail with Liability Waiver.**