



YOUNG GOOMBAY ADVENTURERS

WAIVER AND RELEASE FORM FOR OUTDOOR ADVENTURE YOUTH PROGRAM

1. **PROGRAM:** I/We _____ desire that _____ (hereinafter CHILD) participate in the YOUNG GOOMBAY ADVENTURERS Outdoor Adventure Youth Program/Activity.
2. **RISKS:** There is an apparent risk of injury from the adventure activities involved in this program/activity. I/We understand the nature of the physical demands and the risk of injury of the Outdoor Adventure Youth Program/Activity including a risk of serious injury or death. I/We have made YOUNG GOOMBAY ADVENTURERS aware of any and all medical and physical conditions that might affect or limit my CHILD participation. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for any medical or physical condition which may arise as the result of participation in the YOUNG GOOMBAY ADVENTURERS Outdoor Adventure Youth Program/Activity. If, however, I observe any hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the nearest YOUNG GOOMBAY ADVENTURERS official immediately.
2. **RELEASE:** I/We unconditionally waive and release YOUNG GOOMBAY ADVENTURERS, its officers, agents, volunteers, and employees from any and all claims, rights, or causes of action which I/We now have or may have in the future for any injuries, expenses, loss of compensation, loss of service, or other damages which my CHILD may experience as a direct or indirect result of the use of the services, facilities, instruction, or premises of YOUNG GOOMBAY ADVENTURERS or, as a direct or indirect result of any act of negligence on the part of the CHILD or YOUNG GOOMBAY ADVENTURERS, including any act or failure to act.
3. **INDEMNIFICATION:** I/We unconditionally promise and agree to indemnify YOUNG GOOMBAY ADVENTURERS and its officers, agents, volunteers, and employees and to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against YOUNG GOOMBAY ADVENTURERS, its officers, agents, volunteers, or employees by any person as the result of the CHILD'S participation in YOUNG GOOMBAY ADVENTURERS Outdoor Adventure Youth Program/Activity.
4. **MEDICAL ACCIDENT COVERAGE:** I/We have been informed and are aware that YOUNG GOOMBAY ADVENTURERS has applied for an insurance policy to provide insurance against emergency medical care and hospitalization costs which are incurred as the result of injuries incurred by the CHILD while engaging in the YOUNG GOOMBAY ADVENTURERS Outdoor Adventure Youth Program/Activity. I/We understand that I/We am/are responsible for providing medical and hospitalization insurance if the CHILD is injured or needs medical care.
5. **TREATMENT AUTHORIZATION:** I authorize YOUNG GOOMBAY ADVENTURERS staff to authorize medical treatment for my CHILD if I or the emergency contact person whom I designate is unavailable.
6. **BINDING EFFECT:** This agreement is binding upon I/We and upon my heirs, assigns, dependents, personal representatives, attorneys, and estates. This agreement is also binding upon the CHILD on whose behalf it is executed and upon any legal guardian thereof.
7. **CHILD PHOTOGRAPH RELEASE:** Young Goombay Adventurers has my permission to use my child's name and/or photographs in press releases, promotional material, and news stories pertaining to Young Goombay events.
Yes: ____ No: ____
8. **ENTIRE AGREEMENT:** This document constitutes the entire agreement YOUNG GOOMBAY ADVENTURERS and the undersigned regarding the subjects covered hereby.

Signed this _____ day of _____, 2005.

By: _____
Name of CHILD

Parent/Guardian