

JUNTOS Youth Summit – May 28-29, 2008
RELEASE OF LIABILITY and Permission for Treatment

As a participant of the JUNTOS Youth Summit, May 28-29, at NNMC El Rito Campus, NM, being the legal guardian of such child (minor), or on behalf of myself, my heirs, assigns, successors, personal representatives and estate, hereby voluntarily release and discharge JUNTOS, Family YMCA, Northern New Mexico College (NNMC), Los Alamos Public Schools (LAPS), Pojoaque Public Schools (PPS), Española Public Schools (EPS), and McCurdy Schools (MS) from any liability, claims, demands, actions or rights of action which are related to, arise out of, or are in any way connected to the participation of this event. Including but not limited to injury, death, illness, disease to said participant resulting from any of the following risks which the undersigned fully understands and acknowledges are some, but not all, of the risks and hazards associated with the attendance of said event:

1. The nature of the trip itself; and in particular, the risk of automobile accident or other injury resulting from participation of said event;
2. The acts or omissions or negligence in any degree of JUNTOS, Family YMCA, NNMC, LAPS, PPS, MS, and EPS, its agents, employees or other event representatives;
3. The acts or omissions or negligence in event other than employees, agents or representatives of JUNTOS, Family YMCA, LAPS, PPS, MS, NNMC, and EPS;
4. The condition of roads, trails, waterways or terrain and accidents connected with their use; and
5. The administration of first aid, emergency treatment and other services rendered by agents, employees and representatives of JUNTOS, Family YMCA, PPS, MS, LAHS, NNMC, and EPS or of others.

Being fully aware of the foregoing risks of injury that could result from participation of said event, the undersigned agrees to accept and assume all responsibility and risk of injury, death, illness, disease, or property damage resulting from voluntary participation in said event.

The signature below indicates that the undersigned has read the foregoing RELEASE OF LIABILITY in its entirety, understands it, and completely and voluntarily agrees to be bound by its terms. **PLEASE PRINT NEATLY.**

Name of participant: _____ Birthdate: _____

School: _____ Parent Name(s): _____

Emergency Telephone Number(s): _____

I HAVE READ AND UNDERSTAND THIS DOCUMENT/RELEASE & GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE USED BY JUNTOS FOR PROMOTION OF THE INITIATIVE:

Signature: _____

Date: _____

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Permission for Treatment-Dietary Needs-Medications

In the event that my son/daughter is injured and/or is in need of medical treatment, I give my permission for him/her to receive medical treatment.

Participant's Name (Print) _____

Date _____

Signature of parent or guardian if participant is under the age of 18:

Insurance Company _____

Name and Phone Number of Family Physician _____

Do you have any food allergies, or are you vegetarian? Please explain any special dietary needs. _____

Are you taking any prescribed medications that need supervision?

Explain _____