

YOUTH ADVISORY BOARD ACTIVITY LIABILITY WAIVER RELEASE

PLEASE READ CAREFULLY, THIS WAIVER IS A LEGAL DOCUMENT THAT INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

Release of Liability and Assumption of Risk

For mutual consideration of promise to provide the youth advisory board program and promise to allow my child or child over whom I have legal authority to participate in all activities related to the Youth Advisory Board, I agree to release and hold harmless Buffalo County Community Partners, its officers, and agents, from any and all liability or responsibility for bodily injury, death, damage, or illness to the below-identified child while participating in any activity directly or indirectly sponsored by Buffalo County Community Partners. I understand that activities in the community necessarily involve risk and I assume the risk of my child or child over whom I have legal authority engaging in known foreseeable risks such as travel and other physical activity. This waiver does not apply to gross negligence or intentional misconduct.

Medical Authorization and Release

Should my child require immediate or emergency medical care while engaged in an activity sponsored by Buffalo County Community Partners, in my absence, I hereby grant Buffalo County Community Partners authority to release my child for medical treatment to such medical personnel as they determine appropriate under the circumstances and I agree to hold Buffalo County Community Partners harmless regarding the costs of such medical care utilized under this authorization

Indemnification

Further, I agree to indemnify and hold harmless Buffalo County Community Partners, its officers, and agents with respect to any claim asserted by or on behalf of my child, or child over whom I have legal authority, as a result of bodily injury, death, illness, or damage occurring during or in connection with such activities.



Permission for Participation

The undersigned parent/legal guardian hereby gives permission to Buffalo County Community Partners for their child, or child over whom they have legal authority, _____ (name), to participate in the Youth Advisory Board activities.

Photo and Media Release

I grant unlimited perpetual and worldwide permission to Buffalo County Community Partners to use photographs, video and audio recordings, or any other media of my child or child over whom I have legal authority taken during or around the Youth Advisory Board activities for promotional, educational, or informational purposes in print, online, or other media platforms. I understand that no compensation will be provided for the use of these images or media and that this release is unlimited, perpetual, and worldwide.

Transportation

I give my consent for the person identified above to be transported by Buffalo County Community Partners and will assume all liability for any injury that may happen in the duration of the transport or at the site of an event. Further, by signing below: 1) I authorize Buffalo County Community Partners to procure and provide transport solely for my child / children. 2) I will not hold Buffalo County Community Partners, its director, employees, members, volunteers, or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or in the duration of travel. 3) I authorize Buffalo County Community Partners to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of this event or the duration of travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility. 5) I accept full responsibility and hereby grant permission for my minor child to travel with Buffalo County Community Partners.



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Acknowledgment: I have read this waiver in its entirety and fully understand its content. By signing below, I voluntarily agree to the terms and conditions outlined above.

Parent/Legal Guardian Information

Printed Name: _____

Signature: _____

Date: _____

Student Information

Name: _____

Age: _____

Allergies/Other Needs: _____