



Blue Mountain Region Long Term Recovery Group

Parent Release and Consent Form

(under 18 years of age)

Youth Name _____ Date of birth _____

Parent/Guardian _____

Address _____ City _____

State _____ Zipcode _____ Home Phone _____

Work Phone _____ Cell _____

Parent/Guardian _____

Address _____ City _____

State _____ Zipcode _____ Home Phone _____

Work Phone _____ Cell _____

Permission to give Aspirin: Yes No Permission to give Tylenol: Yes No

List Allergies _____

Medication(s):

_____ Dosage _____ Frequency _____

_____ Dosage _____ Frequency _____

Describe any medical conditions, limitations or other considerations:

Parent or Guardian Authorization

I/We, _____ and _____,
(Parent or Guardian) (Parent or Guardian)

release and forever discharge and hold harmless Blue Mountain Regions Long Term Recovery Group (BMRLTRG) and its affiliates from any and all liability, claims, and demands of any nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant or volunteer with the BMRLTRG.

2. I/We understand and acknowledge that this release discharges BMRLTRG from any liability or claim that I/we may have against BMRLTRG with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services our child provides to BMRLTRG or occurring while our child is providing volunteer services.

3. **Insurance:** I/We affirm that our child is covered by primary medical insurance and understand that I/we are responsible for our child's medical bills if injury occurs. Further, I/we understand that BMRLTRG does not assume any responsibility for or obligation to provide us with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of his/her injury, illness, death or damage to property. I/We expressly waive any such claim for compensation or liability on the part of BMRLTRG beyond what may be offered freely by BMRLTRG in the event of such injury or medical expenses incurred by us.

4. **Assumption of Risk:** I/We hereby expressly assume the risk of injury or harm of our child from these activities and release BMRLTRG from all liability for injury, illness, death, or property damage resulting from the services provided as a volunteer or occurring while our child is participating in events.

5. **Photographic Release:** I/We grant and convey to BMRLTRG all right, title, and interests in any and all photographs, images, video or audio recordings of _____ made by BMRLTRG in connection with him/her participation in BMRLTRG events.

6. I/We give our consent for medical treatment of _____ by the closest hospital, doctor, or medical facility should injury occur.

7. The BMRLTRG is not responsible for any incidents for _____ or others while he/she is in route or returning from an BMRLTRG activity.

Signature _____ Date _____

Signature _____ Date _____

Notarization of Release and Consent by Parent/s or Guardian/s

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____(year), before me personally appeared _____ and _____.

To me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____

My commission expires: _____

State: _____ County: _____