

**ACTIVITY RELEASE FORM**

**FOR INDIVIDUALS 18 YEARS OF AGE OR OLDER, ALL PARENTS, AND ALL LEGAL GUARDIANS**

I consent to allow any of my children listed below to participate in any activity or trip sponsored by EquipHer, Inc.

In the event of an emergency where medical treatment is necessary, I authorize the Organization to obtain the services of a licensed physician and/or certified paramedic for me and/or any of my children listed below. I agree that any such expense will be my obligation. Please attempt to notify me immediately concerning any such emergency.

I, (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_individually, or in my capacity as a parent or legal guardian, express a full and complete release of any liability and indemnification, past or future, which may be claimed against the Organization, and its agents, trustees, officers, employees, members, attendees, representatives, any volunteers and specifically includes all claims and demands of whatever nature, actions, damages, costs, loss of services, expenses and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time or whether or not they arise following the execution of this release. For the consideration stated above, I further agree that in the event that my child or I should make any claim against the Organization for damages arising out of the above named activity, we will personally indemnify, defend, and hold harmless the Organization, and its agents, trustees, officers, employees, members, attendees, representatives, and any volunteers against any and all loss and damages occasioned thereby, including attorney’s fees.

I understand that the Organization may take photographs of me and my family in the course of its activities, and I grant the Organization permission to publish such photographs in a manner the Organization deems appropriate.

This *Activity Release Form* is in effect for ***ALL*** events or activities that I, or any of my children, may participate in. This release form is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the Organization.

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Date Parent or Legal Guardian Signature Date Parent or Legal Guardian Signature

**Print Names of Children DOB Blood Type Date of Last Tetanus Shot**

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Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company and Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Prescribed Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR ALL INDIVIDUALS OVER 14 AND UNDER 18 YEARS OF AGE:**

I waive, release, and indemnify the Released Parties as identified above from all demands, claims, or liability that have arisen or may arise from any Organization activity or trip and that involve any damage, loss, or injury to me, my property, or my children’s property.

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Date Minor’s Signature Date Minor’s Signature

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Date Minor’s Signature Date Minor’s Signature