

LAST NAME OF YOUTH: _____

DISCLOSURE AND RELEASE OF LIABILITY

Disclosure

Youth Leadership Arlington's (YLA) program includes a variety of different components including a "Ropes" course, a bus tour of Arlington businesses, monthly programs at various locations in Arlington at which individual and group activities will occur. A risk exists and must be assumed by each participant that he or she may suffer an emotional or physical injury. To assist Youth Leadership Arlington in providing a safe experience you must provide us with any information regarding physical or emotional limitations or disabilities.

Release of Liability

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE COMMITMENT AND DISCLOSURE. I UNDERSTAND THE YLA'S PROGRAM MAY BE PHYSICALLY OR EMOTIONALLY DEMANDING. I AFFIRM THAT I HAVE NO PHYSICAL OR EMOTIONAL LIMITATIONS THAT MIGHT PUT ME OR OTHERS AT RISK DURING MY PARTICIPATION IN ANY OF THE ACTIVITIES EXCEPT THE FOLLOWING: _____ (ALL SUCH PHYSICAL OR EMOTIONAL LIMITATIONS MUST BE LISTED you can use the back if needed). I RECOGNIZE THE INHERENT RISKS OF INJURY OR DISABILITY INHERENT IN MY PARTICIPATION IN YLA'S PROGRAM, AND I HEREBY ASSUME THE RISK OF INJURY THAT COULD RESULT FROM ANY OF THESE ACTIVITIES. I RELEASE YLA, ITS VOLUNTEERS, STAFF MEMBERS, OFFICERS, DIRECTORS, AND AGENTS FROM ALL LIABILITY FOR ANY INJURY TO ME FROM MY PARTICIPATION IN THE YLA PROGRAM AND INDEMNIFY YLA FOR ANY INJURY CAUSED BY AN ACT OR OMISSION RELATED TO, OCCURRING AT, OR ARISING FROM THE AFOREMENTIONED PROGRAMS.

Signature of applicant: _____ Date: _____

Printed name: _____

AS PARENT OR GUARDIAN I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE COMMITMENT AND DISCLOSURE AND GRANT PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE YLA PROGRAM. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAMS AND ALL ACTIVITIES ASSOCIATED WITH THEM. THIS PARTICIPATION MAY INCLUDE, BUT NOT LIMITED TO, THE "ROPES" COURSE, AND TRIPS EITHER IN A BUS OR ON FOOT. IN THE EVENT MY CHILD ADVISES YLA OF BEING INJURED OR ILL WHILE ATTENDING ANY OF THE AFOREMENTIONED PROGRAMS, I UNDERSTAND THAT YLA WILL IMMEDIATELY SEEK MEDICAL ATTENTION FOR MY CHILD AND CONTACT ME AS SOON AS POSSIBLE. I FURTHER AGREE TO HOLD YLA, ITS VOLUNTEERS, STAFF MEMBERS, OFFICERS, DIRECTORS, AND AGENTS FROM ALL LIABILITY FOR ANY INJURY TO MY CHILD FROM PARTICIPATION IN THE YLA PROGRAM AND INDEMNIFY YLA FOR ANY INJURY CAUSED BY AN ACT OR OMISSION RELATED TO, OCCURRING AT, OR ARISING FROM THE AFOREMENTIONED PROGRAMS. I HEREBY GIVE PERMISSION FOR IMAGES OF MY CHILD, CAPTURED DURING REGULAR AND SPECIAL YLA ACTIVITIES THROUGH VIDEO, PHOTO AND DIGITAL CAMERA, TO BE USED FOR THE PURPOSES OF PROMOTIONAL MATERIAL AND PUBLICATIONS, AND WAIVE ANY RIGHTS OF COMPENSATION OR OWNERSHIP THERETO. YLA IS NOT A LICENSED CHILDCARE PROGRAM. AS SUCH, YOUR CHILD'S PARTICIPATION IS VOLUNTARY. WE WILL NOT REQUIRE YOUR CHILD TO STAY, NOR WILL WE PROHIBIT THEM FROM LEAVING.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____ Daytime Phone: _____

Address: _____

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
HIGH SCHOOL TRANSCRIPTS MUST BE SUBMITTED**