

Participant Release Form

Youth Name: _____
Phone: _____ Email: _____

Home Address

To be filled out by youth:

I, _____, am planning on attending the *Youth Grow Summit* on *June 28-30, 2011*.

I agree to be responsible for my behavior, to respect the health and safety of others and myself, to relate to others and to use property and equipment in appropriate ways.

Date _____ Signed _____

To be filled out by parent or guardian:

I, _____, grant permission for _____ to attend the *Youth Grow Summit* on *June 28-30, 2011* at *Cornell University*. I understand that this is conference will be attended by both high school students and adult mentors. I expect and hold my child to be responsible for his/her own actions during this event and travel to and from the event. I have read the statement of responsibility above and have talked or will talk with my child about it.

Waiver and Release. I, the parent/guardian, release and hold harmless Cornell University from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which may arise from my child's participation in this conference or from lodging or transportation associated with the conference.

Assumption of Risk. I understand that some conference activities may take place out-of doors or at locations requiring transportation to and from the main event or that may involve physical labor. If my child chooses to partake in any of those activities, he/she expressly assumes the risk of injury or harm from those activities and the transportation to and from them.

Photographic Release. I understand that photographs and/or video and sound recordings of my child may be made during the conference. I hereby grant and convey unto Cornell University all right, title, and interest in any and all photographic images and video or audio recordings made by Cornell University during the conference.

Chaperone: My child will be accompanied by _____ [name of chaperone] from _____ [name of organization or school OR nature of relationship]. This person has my permission to supervise and support my child while attending the conference and/or traveling to and from the conference.

Date _____ Signed _____
(Parent or Guardian Signature)

Medical Release Form

Youth Name: _____

In case of emergency, I understand that every effort will be made to contact me. In the event I am unable to assent during an emergency, I hereby give permission to the attending medical personnel to hospitalize, secure proper treatment and to order medical procedures and treatment for my child as deemed necessary.

In case of emergency, please contact: _____

Address: _____

Phone (day): _____ Phone (eve): _____

Parent/Guardian Name(s): _____ Signature: _____

If I am not available, please call relative or person below.

Name & Relationship: _____

Phone(s): _____

Any allergies or medical conditions (medication, drug reactions, etc.):

Any needed medication? Yes/No

INSURANCE INFORMATION:

Insurance Company: _____

Expiration Date _____

Name of Holder: _____

Relationship to Youth: _____

Policy #: _____

*Please return this form in person, via mail, scan and email, or fax it to: **Max Welcome***

Mail: Max Welcome, 133 Plant Science Building, Cornell University, Ithaca, NY, 14853

Fax: 607-255-0599, attn: Max Welcome

Scan & Email: mw45@cornell.edu

Questions? Call Christine Hadekel at 607-379-9961 (cell); day or evening.