BITTERROOT VALLEY MILITARY PROGRAM

PARTICIPANT LIABILITY, PHOTO RELEASE, AND CONSENT TO TREAT WAIVER

(Parent/Guardian Signature Required for Minors)

Participant Name: Last, _____ First, _____ Middle, _____

Date of Birth: _____

Parent/Guardian Name Last, _____ First, _____

1. LIABILITY AND INSURANCE **Parent/Guardian Initials:** _____

I acknowledge that participation in the Bitterroot Valley Military Program involves activities that may carry inherent risks of injury or illness. I understand that the participant is responsible for providing their own health insurance coverage for any injuries, damages, or expenses arising from participation. I agree to hold harmless, release, and indemnify the Bitterroot Valley Military Program, the American Legion, the Corvallis School District, property owners, event organizers, their organizers, staff, and volunteers from all liability resulting from participation.

2. PHOTO RELEASE **Parent/Guardian Initials:** _____

I grant permission for photographs, videos, or other recordings taken during the program to be used for promotional, educational, or other purposes by the Bitterroot Valley Military Program. I understand that my or my child's likeness may be published in brochures, websites, and other media without compensation.

3. CONSENT TO TREAT **Parent/Guardian Initials:** _____

In the event of an emergency requiring medical treatment, including treatment deemed necessary by medical first responders or trained medical professionals, I give my consent for staff of the Bitterroot Valley Military Program to seek and obtain medical care, including transportation, medication, or treatment. I agree not to hold the Bitterroot Valley Military Program staff, or its representatives, harmless for any actions taken and deemed necessary by medical professionals in the course of, or a result of immediate medical treatment. I acknowledge that I am responsible for all medical expenses incurred.

4. ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I affirm that I have read and understood this waiver, agree to its terms, and certify that the participant's health insurance is adequate and in effect.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Emergency Contact Name: _____

Phone Number: _____

INSURANCE INFORMATION *Please provide the following insurance details:*

Insurance Provider Name: _____

Policy Number: _____

Group Number: _____

Insurance Company Contact Phone Number: _____