



Inspiring Youth ☀ Connecting Communities

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Empowering • Engaging • Enriching

Participant Release, Waiver of Liability, and Parent/Guardian Consent Form

Event Dates: May 6–8, 2025

Location: Kalahari Resorts & Conventions, Pocono Manor, PA

Participant Information:

Full Name of Student: _____

Date of Birth: _____

School Name: _____

Parent/Guardian Consent & Acknowledgement

I, the undersigned parent/legal guardian of the above-named student, hereby give permission for my child to participate in the **NEPA Youth-Led Leadership Conference** hosted by **Youth Infusion, Inc.** from **May 6–8, 2025**, at Kalahari Resorts.

I understand that this is an **overnight leadership conference** that includes workshops, breakout sessions, recreational activities, and team-building experiences. My child will be supervised by designated adult mentors, staff, and volunteers throughout the event.

Medical Authorization

In the event of an emergency, I authorize Youth Infusion, Inc., and its representatives to seek medical treatment for my child. I agree to be responsible for any medical expenses incurred.

Emergency Contact Name: _____

Phone Number: _____

Health Insurance Provider: _____

Policy Number: _____

Known Allergies or Medical Conditions: _____



Waiver of Liability

In consideration of my child's participation in this event, I hereby release, waive, and discharge **Youth Infusion, Inc.**, its officers, agents, employees, volunteers, and partners from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child, or to any property belonging to me or my child, whether caused by the negligence of the organizers or otherwise.

Media Release

I grant permission for my child to be photographed, videotaped, or interviewed during the NEPA Youth-Led Leadership Conference. I understand that these materials may be used for promotional purposes, including but not limited to Youth Infusion's website, social media, newsletters, grant reports, and presentations.

- ☐ YES – I grant permission
☐ NO – I do not grant permission

Code of Conduct Acknowledgment

I understand that my child is expected to abide by all Youth Infusion policies and conduct guidelines while participating in the conference. I acknowledge that failure to follow these expectations may result in my child being sent home at my own expense.

Signature Section

By signing below, I acknowledge that I have read and understood all of the information provided above. I agree to the terms of this release and waiver.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Student Signature (Required): _____

Date: _____

