



Inspiring Youth ✨ Connecting Communities

Empowering ✨ Engaging ✨ Enriching

Youth Infusion, Inc.
20 Delaware Avenue, Suite 217
Delaware Water Gap, PA 18327
Website: YouthInfusioninc.com
Email: Youthinfusion2020@gmail.com

Girls Infused Activity Permission Form

This form must be read, completed in full, signed and given to the Girls Infused Program Leader BEFORE the participant may join the activity.

Express Assumption of Risk, Release, Indemnification and Covenant Not to Sue Agreement

In consideration for the services of Youth Infusion's Girls Infused Program, its activity leaders, officers, agents, and volunteers (collectively referred to herein as 'Youth Infusion'), I, on behalf of myself and/or as the parent or guardian of the minor child participating in the Girls Infused activity, and our heirs, agree as follows:

I understand and agree to the fullest extent allowed by law, to *Release from Liability*, and to *Indemnify and Hold Harmless* Youth Infusion from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, other than as a result of Youth Infusion's gross negligence, in any way connected with this Activity. I further *Agree Not to Make a Claim or Sue for Injuries or Damages Relating to This Activity*, other than as a result of Youth Infusion's gross negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements, or inducements apart from this Agreement have been made.

Authorization for First Aid and Medical Treatment

I recognize that medical care may be necessary for myself and/or my minor child. *I Authorize Youth Infusion and the activity Leader(s) to Render First Aid or Emergency Care*, within the scope of the certification of the activity leader(s). In addition, I authorize Youth Infusion to call for medical care for myself and/or my minor child if, in the opinion of Youth Infusion, medical care is needed. *I Agree to Pay for All Expenses and Costs Associated With Such Care and Related Transportation*. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, and or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the Commonwealth of Pennsylvania Department of Public Health or the equivalent agency in another state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.

Consent to Use Photographs

To accomplish our goals, Youth Infusion frequently sends press releases and photographs to the media (ie. newspaper, TV, internet, etc.) and uses photos in our own publications. It is the right of the individual whether or not to consent to the use of his/her photograph and/or name for the above publicity purposes. I hereby authorize Youth Infusion to use any photos or videos taken of me during Youth Infusion activities.

_____ YES _____ NO
Please Initial

Youth Infusion is a 501c3 organization.
Federal EIN # 27-0835576





I hereby acknowledge that all the information I have provided on page 1 and page 2 of this agreement is true, correct, and complete. I agree to update page 2 of this agreement as necessary. I hereby acknowledge that I have fully read, understood, and accepted each of the above provisions, and voluntarily signed this agreement.

[NAME OF PARTICIPANT] [AGE] [DATE OF BIRTH]

[NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT]

[NAME OF SCHOOL OR ORGANIZATION]

[PHONE NUMBER]

[SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT] [DATE]



Girls Infused Program Participant Emergency Medical Information

You must inform the activity leader if any of this information changes during the 12-week Girls Infused Program.

1. Participant's Name _____

Parent's/Guardian's Name (of minor participant)

Parent's/Guardian's Mobile Phone _____ Work Phone _____

Date completed _____

2. **Allergies** to drugs/medications, foods, etc.:

3. List all **medications** for which the participant currently holds a prescription and indicate which ones the participant will be taking during the 12-week Girls Infused Program:

4. List all **medical conditions** of which the activity leader should be aware or which may affect the participant's ability to participate in activities: _____

