**Medical Authorization and Consent Release Form**

**RYLA Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: M \_\_\_\_\_\_\_\_ D \_\_\_\_\_\_ Year \_\_\_\_\_\_\_**

RYLA Participant’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy holder’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the 2015 RYLA Conference Director or RYLA Rotarian Volunteer designee to arrange for medical treatment and/or ambulance transport for my child, if in his/her opinion such treatment is deemed necessary, at any RYLA-related event in the 2014-2015 Rotary year. I give permission to allow administration of Advil or a similar mild pain medication to the student, if needed. I further understand that I will be contacted as soon as possible in the event any medical treatment is deemed necessary, beyond mild pain medication.

**Signature of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: This form requires parent’s or guardian’s signature regardless of Student Age**

**Signature of RYLA Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT ASSUMPTION OF RISK**

**RELEASE OF ROTARY AND LYNDON STATE COLLEGE LIABILITY**

The Rotary Youth Leadership Award (RYLA) program provides goal oriented activities that offer participants an opportunity to explore new behaviors related to trust, teamwork, and leadership capabilities. Outdoor adventure activities are exciting, challenging, and both physically and mentally demanding. Some activities may be stressful and possibly hazardous. These activities may include field games, low elements (a few feet high that are constructed of rope, cable and wood), and high elements that require safety equipment, or rock climbing. All activities are supervised by instructors who have been specifically trained in the operation and safe practices of challenge courses, or rock climbing. The philosophy of “Challenge by Choice,” means that participants agree to choose their own level of challenge, and agree not to be coerced by instructors or other participants.

Rotary District 7850 has taken precautions to provide proper equipment and qualified instructors. It is impossible, however, to guarantee absolute safety. While it is the aim and responsibility of the program and instructors to provide you with an enjoyable, educational, and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in adventure activities. You will receive instruction in safe up-to-date practices and safety techniques related to all elements and activities, and are supervised throughout the program. Participants are advised to call hazardous situations to the leader’s attention. Injuries can occur. By consenting to participate, you assume all risks incidental to use of the course and activities, including the possibility of bruises and other more serious injuries.

Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation in the conference and associated activities.

We, the undersigned RYLA participant and his/her legal guardian, understand that while attending the Rotary District 7850 Rotary Youth Leadership Award (RYLA) Conference, the participant will have the opportunity to participate in the sports activities, as well as the “Rope Course” in small and large groups, and regular planned activities. We understand that parts of the activities of the conference may be physically or emotionally demanding. We affirm that the participant’s health is good, and that the participant is not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in sports activities, including the “Rope Course.” We understand that the assumption of the risk of physical injury that could result from any of these activities is ours. We agree to assume all responsibility and risks involved in the program, and for ourselves and our heirs to release and hold harmless the Rotary Youth Leadership Awards Conference Coordinators, the involved Rotary Clubs, and Rotary District 7850 sponsoring and conducting the RYLA Conference, Rotary International and Lyndon State College from all claims and legal actions, whether for property damage, physical injury, or otherwise arising from participation in the program.

We, participant and legal guardian, confirm with our signatures that we have read this information. We understand the responsibilities of participation and assume the entire risks incidental to this the RYLA program. We have provided all the medical information that has been requested. I, the participant, agree to follow instructions and directions given by my instructors and to act with good judgment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RYLA Participant’s Full Name (Print) (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of RYLA Participant’s Parent or Legal Guardian (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Legal Guardian** Date

ROTARY DISTRICT 7850

Rotary Youth Leadership Award (RYLA)

Marketing Release

Unless Rotary District 7850 is otherwise notified in writing, I allow my child/ward to appear in photographs or video images solely taken for the purpose of promoting the Rotary Youth Leadership Awards. Rotary District 7850 has the right to use these images, including audio and video, in perpetuity in any form or medium, print or electronic.

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Parent/Legal Guardian (Date)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By RYLA Participant (Date)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_