

Rotary Youth Leadership Awards Camp APPLICANT and PARENT/GUARDIAN

MEDICAL RELEASE FORM

The undersigned APPLICANT
(Name) and the undersigned PARENTS or GUARDIANS of the applicant hereby agree that the applicant be permitted to travel to Hiram, Ohio and live in a Rotary approved Residence Hall (dormitory) at Hiram College as a participant of the Rotary Youth Leadership Awards (RYLA) Camp for 5 days.
IN CONSIDERATION of the acceptance and participation of the APPLICANT in such program the undersigned APPLICANT and their Parent(s) or Guardian(s), to the fullest extent permitted by law, hereby release and agree to save, hold harmless and indemnify Hiram College and members of its staff as well as the sponsoring Rotary Club(s), Rotary International District 6630, Inc. and Rotary International together with their respective successors, servants, agents, employees, parent or subsidiaries companies, insurers, attorneys and assigns of and from any and all actions, claims, demands, rights and/or causes of action which may be suffered or claimed by such APPLICANT, PARENT AND/OR GUARDIAN during, or as a result of, the participation by the APPLICANT in the RYLA Camp, including travel to and from the camp.
WE GIVE PERMISSION for any operation, administration of anesthetic or blood transfusion which a medical practitioner may deem necessary or advisable for the treatment of any illness or injury suffered by the applicant.
WE AGREE that the Rotary Youth Leadership Awards Camp Director and District Committee Chair may sign on behalf of the applicant and his or her parents/guardian any and all emergency release documents for such treatment.
(Signatures must be originals)
APPLICANT Signature
Signed (Father or Guardian)
Emergency Phone Numbers
Signed (Mother or Guardian)
Emergency Phone Numbers
DATE:

You must have a signed release form to attend the Rotary Youth Leadership Camp

Rotary Clubs: Please have selected participants fill out the application and other forms ONLINE. *Deadline:* 04/30/25