



**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 Berea, Ohio and live in a Rotary approved Residence Hall (dormitory) at Baldwin Wallace University 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 Baldwin Wallace University 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