



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 his or her **PARENTS or GUARDIANS**, to the fullest extent permitted by law, hereby release and agree to save, hold harmless and indemnify, Baldwin Wallace University and members of their staff, and all members, officers, directors, committee members and employees of the host and sponsoring Rotary Clubs and District 6630 and of Rotary International, of and from all liability for any loss, property damage, personal injury or death, including such liability which may arise out of negligence of any such person or entities, which may be suffered or claimed by such applicant, parent or guardian during, or as a result of, the participation by the applicant in such Rotary Youth Leadership Awards Camp, including travel to and from 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 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