

Participant Assumption Agreement of Risk and Release Agreement

RETURN TO: Foster Love - BYU YServe, 2010 WSC, Provo, UT 84602 or Email to fosterlove@byu.edu

In consideration of Brigham Young University (BYU) permitting my child to participate in the Center for Service and Learning's Foster Love program, I acknowledge and agree to the following statements.

I understand that by participating in this program my child may be subject to risk of personal injury or illness or property loss or damage arising from the actions of BYU or of the participating BYU volunteer, the actions of others, or events beyond the control of BYU and the participating volunteers.

I, therefore, with a complete understanding of the risks associated with participation in the program by my minor child, DO HEREBY RELEASE BYU AND ITS PARTICIPATION VOLUNTEERS, ITS OFFICERS, EMPLOYEES, AND AGENTS AS TO ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, AND ACTIONS (WITH THE EXCEPTION OF GROSS OR CRIMINAL NEGLIGENCE) WHICH MAY BE MADE BY ME, MY MINOR CHILD, OR BY OUR RESPECTIVE ESTATES upon any losses, expenses or damages of any kind or description concerning property or persons injuries (physical or emotional), which may result, directly or indirectly, from our participation in the program to which involvement I have been briefed of.

In the event of any illness or injury to my child while participating in the program, I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED TO AND RECEIVE MEDICAL TREATMENT AT A LOCAL MEDICAL FACILITY; I UNDERSTAND THAT BYU WILL NOT BE LIABLE FOR EXPENSES INCURRED. I also give my permission for my child to be left in the care of the competent adult listed below if I am not available after the activity.

Lastly, I realize that I have ultimate control over my child's participation in any activities with Foster Love.

Participant's Name _____ Gender _____

Date of Birth _____ Grade Level _____

Parent or Legal Guardian Name _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____

Current Address _____

Signature of Parent or Legal Guardian _____ Date _____

Emergency Contact's Name _____

Phone Number of Emergency Contact _____ Relationship to Child _____

Allergies & Relevant Medical Conditions _____

Additional Comments: