

CONSENT | LIABILITY WAIVER | MEDIA RELEASE



Participant Name: _____

Activity Name: _____

Activity Date(s): _____

I hereby grant permission for me/my child to participate in any and all Young Entrepreneurs Society, Inc. (YES) program activities. I accept that time and places of these classes, field trips, events and other activities may vary and/or be flexible. I grant permission to the staff and to any other adult, volunteer or otherwise, to administer any emergency first aid treatment that me/my child may require. Furthermore, I grant permission to the forgoing person to select a hospital and/or physician for me/my child to secure any emergency medical treatment that I/my child may require

Disclosure: This program involves a variety of activities. There is a risk that must be assumed by each participant that she or he may suffer an emotional or physical injury as a result of his/her Participation. The level of participation in these activities is, at all times, completely up to the participant. However, I also understand that if I/my child cannot control my/his/her behavior, the staff will exercise whatever nonviolent means necessary to control the situation to insure the safety of me/my child and all other program participants. I accept responsibility for requesting and understanding the particular details involved with these activities.

Release of Liability: I understand elements of the program may be physically or emotionally demanding. I affirm that I/my child's health is good, and that I/my child am/is not under a physician's care for any undisclosed conditions that bears upon I/my child's fitness to participate in program activities. I recognize the inherent risk of injury or disability in program activities. I understand that each participant must assume the risk of emotional or physical injury that could result from these activities. I release YES and its partnering agencies, employees, volunteers, vendors, and boards of directors from any and all liability for any injury to me/my child resulting from my/his/her participation in YES program activities.

Media Release: I provide permission for the YES to use, reproduce, electronically publish and display I/my child's/ward's name, photograph, and any information provided by me/my son/daughter/ward in all media including, but not limited to, newspapers, magazines, television, radio, and internet web sites. I understand that this media will be accessible throughout the world and that stories including me/my son/daughter/ward may appear in written, video, and electronic form. I understand that information their agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by me/my son/daughter/ward in the permitted manner.

I certify that, to the best of my knowledge, the information I have provided in the application is true and correct. I have read, understood, and agree to all of the provisions contained in the application.

X _____
Applicant Signature

X _____
Parent or Guardian signature

Date

RETURN THIS APPLICATION TO: YES, 26 South Main Street, Orange, MA 01364

YES, Inc does not discriminate. All applicants receive consideration for participation without regard to race, color, religion, sex, age, sexual orientation, disability or national origin.