
**Informed Consent Release, Assumption of Risk and Indemnification Agreement
Minor Participant/Adult Participant in the 2018
Ticket-to-Float Youth Outdoor Kayak Explorer Program**

I make this release, assumption of risk and indemnification agreement as parent and natural guardian or legal guardian of (Participant's Full Name):

In consideration of the Child's participation in 2018 Ticket-to-Float Youth Outdoor Kayak Explorer program and any and all events or activities in relation thereto (collectively the "Activity") permitted by The National Park Foundation/National Park Service/River Raisin National Battlefield Park Foundation/The Youth Connection, and with the understanding that my participation in the Activity is only on the condition that I enter into this agreement for myself, my heirs and assigns, I hereby assume the inherent and extraordinary risks involved in the Activity, and any risks inherent in any other activities connected with the Activity in which I may participate.

I expressly assume the risk of and accept full responsibility for any and all injuries (including death) which may occur as a result of the Child's participation in the Activity and release from liability The National Park Foundation/National Park Service/River Raisin National Battlefield Park Foundation/The Youth Connection, partner agencies, its and their officers, directors, agents, representatives, heirs and employees. I hereby waive any and all claims I or the Child may hereafter have as a result of any and all injuries disease or sickness (including death) to the Child as a result of the Child's participation in the Activity. I hereby agree to indemnify all of the above named persons for any and all claims, including attorney's fees and costs, which may be brought against any of them by anyone claiming to have been damaged as a result of any injury, sickness or disease (including death) to the Child which may occur as a result of or during the Activity. I understand that the Activity may be dangerous and that physical injury, property damage or injury may result. I certify that I have read and fully understand this release. I am of legal age and legally competent to make this agreement. I understand that I am waiving any and all claims I or the Child may have against The National Park Foundation/National Park Service/River Raisin National Battlefield Park Foundation/The Youth Connection and its officers, directors, agents, representatives, heirs and employees as the result of participation in the Activity.

I agree and understand that it is the responsibility of the participant or the parent or guardian of the minor participant to 1) fully disclose any health issues or medications that are relevant to participation in the "Ticket-to-Float Youth Outdoor Kayak Explorer Program,"; 2) inform the instructor if there are activities with which the Child does not feel comfortable; 3) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, apparent injury) during the program; With an understanding of the risk of illness, allergic reactions, personal injury and property damage, and in consideration of the Child being permitted to participate in the program (including water recreation activities) Ticket-to-Float is voluntarily released from all claims and lawsuits relating to any loss, illness, damage or injury which may be sustained by the Child while participating in the Ticket-to-Float program and any related transportation or activities including claims based upon negligence, recklessness and strict liability of Ticket-to-Float, if any, and 4) medically clear my participation by completing a health screening appraisal form prior to beginning this program.

It is understood and agreed that the release of liability, waiver and covenant not to sue, indemnification and hold harmless and assumption of risk provisions of this Agreement shall apply to any claims or liability that may result from any emergency first aid, medical treatment or transportation provided to the adult or minor participant under the terms of The National Park Foundation/National Park Service/River Raisin National Battlefield Park Foundation/The Youth Connection Emergency Medical Treatment Authorization Form executed by me or on behalf of my minor participant.

Severability: The undersigned further expressly agrees that the foregoing release of liability, waiver and covenant not to sue, indemnification and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Michigan. If any portion of the Agreement is found to be invalid by a court with jurisdiction over the matter, it is agreed and understood that the balance of the Agreement shall remain in full legal force and effect.

Acknowledgment of Understanding: I have read this release of liability, waiver and covenant not to sue, indemnification and assumption of risk agreement and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I agree this form has been fully explained and I have been given an opportunity to ask questions and to seek legal advice. I believe that I have sufficient information to give this informed consent. I further understand and accept that additional risks and hazards may be involved. Finally, I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

THIS A RELEASE. READ CAREFULLY BEFORE SIGNING.

Print Name of Minor Participant: _____

Address of Minor Participant: _____

Print Name of Parent/Guardian of Minor: _____

Signature of Parent/Guardian of Minor: _____

Signature of Witness: _____ Date: _____

.....
Do not cut this line.

Name of Participant (if 18 and over): _____

Signature of Participant (if 18 and over): _____ Date: _____

Signature of Witness: _____



Connecting Youth to a Brighter Future

4777 E. Outer Drive
Suite 1340

Detroit, MI 48234-3241

(313) 826-7099 · (313) 826-7098 (Fax)

www.theyouthconnection.org

2018 TICKET TO FLOAT REGISTRATION FORM

Instructions: Complete and submit (via email) this form to The Youth Connection Coordinator to register for Ticket-to-Float.

Date of Request: _____ Requested Date of Field Trip: _____

Requested by: _____ Organization: _____

Contact Number: _____ Email: _____

Address: _____

No. of Youth: _____ (*Ages 11 yrs. and up - Groups of 40 only)

Name of Chaperone #1: _____

Contact Number: _____ Email: _____

Name of Chaperone #2: _____

Contact Number: _____ Email: _____

Destination: **River Raisin National Battlefield Park**

Address: **22215 S. Huron River Dr, Rockwood, MI, 48173**

Departure Time: **8:00 am** (approximately)

Estimated Time of Arrival: **9:00 am**

Address of Departure Site: _____

Return Departure Time: **3:00 pm**

Estimated Time of Return: **4:00 pm**

Can you provide transportation for 40 youth?

Yes or No (Circle One)

All participants must have completed permission forms, and all youth forms must be signed by a parent or a guardian to attend. Submit all field trip forms to TTF coordinator one week prior to your trip. Notify the TTF coordinator when all copies are ready to be retrieved.

Coordinator: **Cheryl Wilson, Program Coordinator**

Email: **cwilson@theyouthconnection.org**

Phone: **313-826-7099 ext. 209** Fax: **313-826-7098**

Summer Youth Outdoor Explorer Program Ticket to Float

*Name of Chaperone #3:

Contact number: _____ Email:

*Name of Chaperone #4:

Contact Number: _____ Email:

***Background Check for all chaperones submitted to your Agency? Yes No**

Please indicate if a background check is needed.

Necessary for Background Check

D.O.B. _____ **Gender:** _____

Race: _____



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Travel and Field Trip Consent Form
2018 Ticket to Float Youth Outdoor Kayak Explorer Program

I, (the parent/guardian) _____ give permission for my child, Name: _____

to leave the designated departure site, with supervision from all individual employees, volunteers, trustees, agents, directors, representatives of the National Park Service, The Youth Connection and their partners; training instructors and supervisors.

I understand that travel to the site will be by bus and walking to survey the park, and that my child will be kayaking on the river. I understand that the scheduled Ticket-to-Float is an outdoor activity, field trip including water recreation that is located at:

River Raisin National Battlefield Park 36495 W. Jefferson Avenue, Brownstown Charter Township, 48173 Wayne County, Michigan.

I further understand that every precaution and care to insure my child's safety will take place. Adults, team members, and staff will provide proper supervision, and they will exercise every precaution to avoid accidents, in accordance with the state licensing regulations.

PHOTO/MEDIA RELEASE FORM

I hereby irrevocably give my consent for my child/legal dependent, to participate in the Ticket-to-Float Youth Outdoor Kayak Explorer Program ("Program") and that all text and images taken or submitted to The National Park Foundation/ (hereinafter "Sponsors") associated with the Program may be used and re-used by the Sponsors for purposes of illustration, advertising, promotion, display or publication, and for any other lawful, non-commercial use. This consent has no limits as to media, territory or time.

I understand that these images may be cropped, edited or otherwise altered and that whether any of them is used, and how it is used, is entirely for the Sponsors (or their licensees) to decide. I hereby relinquish all rights to review or approve any such use.

I hereby authorize the Sponsors to use my son/daughter/legal dependent's name and any biographical data I may provide in connection with this project. I hereby represent and warrant that:

I have full authority to grant this consent and release. Nothing herein violates the terms of any affiliation I may have with any Parks & People Foundation and I take full responsibility for satisfying all obligations arising from any such affiliation.

I HEREBY RELEASE THE SPONSORS AND THEIR SUBSIDIARIES, AFFILIATES, SUCCESSORS AND ASSIGNS, TOGETHER WITH THEIR OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, AGENCIES AND LICENSEES, FROM ALL LIABILITY IN CONNECTION WITH ANY USE OF THESE REPORTS/MEDIA.

Parent Name: _____

Parent/Guardian Signature (for youth under 18) _____ Date: _____

Participant Signature: _____ Date: _____



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Emergency Medical Treatment Authorization and Liability Release Insurance Forms

Participant Name: _____ Age: _____ D.O.B. _____

Consent to Emergency First Aid, Medical Treatment and Transportation

I hereby give permission to "Ticket-to-Float Youth Outdoor Kayak Explorer Program", The National Park Foundation/National Park Service/ I River Raisin National Battlefield Park Foundation/The Youth Connection, partner agencies, their officers, directors, agents, representatives, and employees, that the above named participant may be given emergency medical treatment and/or transported by car, ambulance, or aid car to an emergency center for treatment.

I agree to indemnify, defend and hold The National Park Foundation/National Park Service/River Raisin National Battlefield Park Foundation/The Youth Connection, partner agencies, their officers, directors, agents, representatives, and employees harmless from and against any and all liability that may result from the emergency medical treatment and/or emergency transportation that is provided to the above participant as a result of the execution of this form.

In the case of an accident or emergency, and a **parent/guardian**, cannot be contacted immediately or **the participant**, is unconscious or unable to speak, I, the parent/guardian agree and acknowledge that necessary emergency medical or surgical treatment can be administered to the above named participant as prescribed by a treating physician, and agree to indemnify, defend and hold "Ticket-to-Float Youth Outdoor Kayak Explorer Program", The National Park Foundation/National Park Service/River Raisin National Battlefield Park Foundation/The Youth Connection, partner agencies, their officers, directors, agents, representatives, and employees harmless from and against any and all liability that may result from the emergency medical and surgical treatment that is provided to the above named participant.

Medical History/Immunization Record:

List Any Allergies: _____

Asthma YES / NO

Diabetes YES / NO

Heart Trouble YES / NO

Chicken Pox YES / NO

Measles YES / NO

Convulsions YES / NO

Please list ANY other conditions: _____

Medication Dosage/ Time (Continue on back if needed)

Medication	Dosage	Time

Participant or designee must be able to administer medication. Have a copy of Insurance card or state that you are uninsured.

In addition, I give my consent and express my desire for my child to attend and to participate in the "Ticket-to-Float Youth Outdoor Kayak Explorer Program," taking place in Wayne County, Michigan.

By signing below, I confirm my consent and agreement with each of the following statements and the Emergency Medical Treatment Authorization and Liability Release forms:

- If Student is under 18 years old, I am a parent or legal guardian of this Student: _____ (Name) and student is participating in all activities at their own risk.
- The term "Ticket-to-Float Youth Outdoor Kayak Explorer Program" (hereinafter Ticket-to-Float) includes all individual employees, volunteers, trustees, agents, directors and representatives of the National Park Service and The Youth Connection and their partners;
- Ticket-to-Float is granted permission to authorize emergency medical treatment for Student during the 2018 program, including hospitalization and/or medical, dental and surgical care if necessary;
- Ticket-to-Float is not responsible for any injury or damage which may arise in connection with such authorized emergency medical treatment for Student;
- With an understanding of the risk of illness, allergic reactions, personal injury and property damage, and in consideration of Student being permitted to participate in *the program* (including water recreation and other recreational activities) Ticket-to-Float is voluntarily released from all claims and lawsuits relating to any loss, illness, damage or injury which may be sustained by Student while participating in *the Ticket-to-Float Program* and any related transportation or activities including claims based upon negligence, recklessness and strict liability of Ticket-to-Float, if any;
- If Student is 18 years old or older, Student agrees that this release also binds Student's family members and that Student will hold harmless and indemnify Ticket-to-Float from all claims and lawsuits relating to any loss, illness, damage or injury which may be sustained by Student while participating in *the Ticket-to-Float Program* and any related transportation or activities including claims based upon negligence, recklessness and strict liability of Ticket-to-Float, if any; and Student is participating in all activities at their own risk
- Student has adequate health insurance to provide for and pay any medical costs that may be incurred as a result of injury or illness that occurs while participating in *the Ticket-to-Float Program*. If NOT, parent or legal guardian must provide, in writing, a statement declaring the ability and willingness to pay for ALL medical costs incurred.

I acknowledge that participating in outdoor recreation programs can involve known and inherent risks, as well as unknown/unanticipated risks and hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the National Park Service, National Park Foundation, The Youth Connection, and River Raisin National Battlefield Park Foundation (hereinafter Parties) and the Parties directors, trustees, staff, agents, associates and independent contractors from any and all claims, demands or causes of action that are in any way connected with my or our child's participation in this activity or the use of equipment or facilities, including all such claims that allege negligent acts or omissions of the released Parties. I acknowledge that I have had sufficient opportunity to read this document, have read it and understand and agree to its terms.

Medical Release Form

If you carry No Medical Insurance, parent/guardian and/or adult participant is financially responsible for any medical treatment given to the above named participant.

Parent/Guardian Signature: (for student under 18) _____ Date: _____

Student/Participant Signature (18 and over) _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Physician Name: _____ Physician Number: _____

Health Insurance Company _____ Policy Number: _____