



Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment



I, _____ (print name), age _____, desire to participate voluntarily in recreational activities through the REACH Mentoring Program. I understand that peer mentors or volunteers who are minors, (under the age of 18), HAVE NOT been background checked. I also understand that there are NO overnights allowed through the REACH Program. Any violation of this policy will result in the immediate suspension and/or termination of the mentoring relationship, volunteer or staff member. In addition, violations of this policy may result in notification being given to legal authorities that may result in arrest or legal action, and may be punishable by fine and/or imprisonment.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT the REACH Mentoring Program at telephone number 218-499-4293.

Assumption of Risks:

I understand that activities by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the REACH Mentoring Program has advised me to seek the advice of my physician before participating in activities. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided by the REACH Mentoring Program. I hereby acknowledge that I may be transported by REACH staff or representatives while participating in the REACH Mentoring Program, and that such transportation is voluntary and at his/her own risk. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in activities today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Directors of the REACH Mentoring Program - Cloquet, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Directors of the REACH Mentoring Program, - Cloquet, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

I understand that the REACH Mentoring Program may take photographs and/or videos of the camp/clinic/recreational activities. I agree that the REACH Mentoring Program shall be the owner of and may use such photographs and/or videos in promotional materials. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Consent for Emergency Treatment:

I authorize the REACH Mentoring Program - Cloquet and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION.**

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____