**Liability Release**

**(To be signed by both parents or guardian and applicant. Applicant cannot participate without this release.)**

**General Release:**

In consideration of being permitted to participate in the RYLA and all associated activities.

I/we have read the RYLArian Handbook regarding associated activities distributed to each student with this application. I understand that they carry some risk and the student will be expected to participate in these activities. I understand that these activities are part of what made the RYLA program so successful in the growth of young people and that my student has my approval to participate in all of the activities during the program.

Student, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives and discharges RYLA, Rotary, it’s officers and members, all promoters, sponsors, advertisers, owner and lessees on the premises which upon RYLA is conducted, and each of them and their officers and employees (referred to hereinafter as “Releasees”) from all liability to student, spouse, parents, legal representatives, heirs, and assigns for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to student’s person or property, even injury resulting in death of student, whether caused by negligence of Releasees or otherwise while student is participating in the RYLA activities.

Student agrees to indemnify Releasees and each of them for any loss, liability, damage, or cost they may incur due to the presence of student in or upon the RYLA premises or activities, whether caused by negligence of Releasees or otherwise.

Student hereby assumes full responsibility for risk of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise, while in or upon the RYLA premises or activities, and while competing, officiating in, working or for any purpose participating in the RYLA activities.

Student expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal force and effect.

**Medical Release:**

In the event emergency, medical attention is required for a student at RYLA, the providing of the attention will not be construed as an admission of liability on the part of RYLA and cost for all emergency treatment and care must be borne by the parents or guardians of the involved student. Should RYLA have a voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any valid and collectible insurance carried by the injured student’s parents or guardians.

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of students. In the event that I cannot be reached, I hereby give permission to the physician selected by the RYLA director of hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named herein.

I support my child’s/ward’s application to RYLA and I agree that if he/she is selected to attend RYLA, he/she will complete the entire program. I understand that my child/ward will be asked not to attend RYLA if illness or emergency will preclude him/her from participating fully in all RYLA activities.

IN WITNESS WHEREOF, Student and Student’s parents or guardians have executed this release at:

Click here to enter text. In the State of Click here to enter text.

This Click here to enter text.day of Click here to enter text. Year Click here to enter text.

Student’s Signature:

Parents or Guardian’s Signatures: