

RELEASE OF LIABILITY / CONSENT FORM

I, _____ hereby acknowledge that I have voluntarily decided to participate as a student in the Ozark Mountain Country Legacy Youth Institute.

As consideration for being permitted by *Ozark Mountain Legacy* to participate in these activities, I hereby agree that I, my parents, guardians, representatives and assigns will not make a claim against *Ozark Mountain Legacy* or any of its affiliated organizations, employees or representatives, for injury or damage to my person or caused, by an employee, agent, representative or contractor of *Ozark Mountain Legacy* or its affiliated, as a result of my participation in any *Ozark Mountain Legacy* or *Legacy Youth Institute* activities. In addition, I hereby release and discharge *Ozark Mountain Legacy* and its affiliated organizations, employees, agents and representatives from all claims, actions or demands I, my parents, guardians, representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN OZARK MOUNTAIN LEGACY AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

CONSENT FORM: I, _____, and I, _____, parent/guardian of _____, agree to allow my child to participate in the Ozark Mountain Legacy Youth Institute

STUDENT SIGNATURE: _____ **DATED** _____

APPROVED: _____ **DATED** _____

_____ **DATED** _____

(must be signed by **both** parents/legal guardians)

Photo/Video/Quote Release Form

AUTHORIZATION TO USE PHOTOGRAPHS, AUDIO-VISUAL, AND/OR QUOTE

I, _____, hereby authorize Ozark Mountain Legacy, and Legacy Youth Institute sponsors to use, reproduce, and/or publish Photographs, video and/or written/verbal quotes that may pertain to me— including my image, likeness, voice and/or verbiage without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Corporation's or project sponsor's Internet Webpage. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the Corporation or project sponsor deems appropriate in order to promote/publicize service opportunities.

Student Signature: _____

Father's (or legal guardian's) Signature: _____

Mother's (or legal guardian's) Signature: _____

Date: _____

PLEASE SIGN AND RETURN TO OZARK MOUNTAIN LEGACY AS SOON AS POSSIBLE

Ozark Mountain Legacy | PO Box 7070 | Branson, MO 65615 | 417.598.1314
www.LegacyYouthInstitute.org | youth@ozarkmountainlegacy.org

AUTHORIZATION FOR TREATMENT

The following is a legal document that will authorize any treatment necessary during this Legacy Youth Institute of Ozark Mountain Legacy. Please read this very carefully, sign in the appropriate places and make sure that parents or guardians sign for all minors.

I, or (we) the undersigned parent(s) or legal guardians of _____, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act; or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from this state's Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the underwritten prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

____/____/____
Date

Student's Signature for Medical Release

____/____/____
Date

Father's Signature for Medical Release

____/____/____
Date

Mother's Signature for Medical Release
(Must be signed by both parents/legal guardians if under 18)

Telephone numbers of parents/guardians, or significant party in case of emergency:

Father: _____ Home: ____/____-____ Work: ____/____-____

Mother: _____ Home: ____/____-____ Work: ____/____-____

Guardian: _____ Home: ____/____-____ Work: ____/____-____

Other: _____ Relationship: _____ Phone: ____/____-____

Family Doctor's Name: _____ Phone: ____/____-____

Does your child have any allergies or medication needs? If yes, please explain.

VERIFICATION OF INSURANCE COVERAGE

Every LYI student is required to have current major medical and accident insurance. *Ozark Mountain Legacy* cannot be responsible for payment of any medical costs (personal or accidental) that you may incur while participating in this event, so please complete the following section with the appropriate information.

Insurance Company: _____

Policy or group #: _____ Exp. Date: ____/____/____

Name: _____ SSN: _____

I have read the above information and I understand that *Ozark Mountain Legacy* is not responsible for my medical expenses.

_____/____/____
Student' Signature Date

_____/____/____
Father's Signature Date

_____/____/____
Mother's Signature Date

(MUST be signed by both parents/legal guardians if under 18)

I have read the above information and I understand that *Ozark Mountain Legacy* is not responsible for my medical expenses and that I must supply my own medical insurance in order to be eligible for this event of *Ozark Mountain Legacy*