

2021 YMCA BLUE RIDGE LEADERS' SCHOOL PARENT RELEASE FORM

Note: Applications for BRLS 2021 will be submitted online. Please visit ymcabrls.org/apply for information. Each applicant's parent or legal guardian must complete **both sides** and return a copy of this document to your Leader's club advisor **prior to individual leader application submissions**.

Leader's Name (print): _____
Last (legal name) First (legal name)

YMCA Name: _____

Emergency Contact Name: _____ Relationship to Leader: _____

Emergency Contact Email: _____ Emergency Contact Phone: _____

LEADER'S HEALTH INFO: General Health: ___ Fair ___ Good ___ Excellent **DOB:** _____

Please list any ongoing medical conditions (including any professionally diagnosed mental health issues) (please describe or list "none"): _____

Any allergies? ___ Y ___ N If yes, please describe and include reaction. _____

Epi pen needed and carried with Leader? ___ Y ___ N

BRLS medical team has my permission to dispense basic over-the-counter treatments to my teen. _____ (parent initials)

Your Leader's club advisor must be informed of all prescribed medications taken by the Leader. I am aware of this requirement. _____ (parent initials)

Medications ___ Y ___ N If yes, please describe _____

Dietary restrictions? ___ Y ___ N If yes, please describe _____

Any other known physical or mental condition, disability, injury or illness that will impact your leader's full involvement at BRLS? _____

RELEASE AGREEMENT

By signing below, I represent, covenant and warrant that: I am the parent and/or legal guardian of the minor child identified above ("Participant"); that I, on my own behalf and on behalf of Participant, have read and understand all the rules, guidelines and standards of Blue Ridge Leaders' School 2021 ("BRLS"); and that Participant meets all the requirements necessary to attend BRLS; and that I have read, understand and agree to the COVID-19 Release on page 3 of this document. I further acknowledge and agree, on my own behalf and on behalf of Participant, that Participant will abide by the rules and policies of BRLS and conduct him/herself as an exemplary representative of his/her YMCA.

I hereby give my express written consent on my own behalf and on behalf of Participant for Participant to participate in all activities (including rigorous physical fitness activities) of BRLS on the campus of YMCA Blue Ridge Assembly in Black Mountain, NC. I acknowledge and agree that BRLS does not carry liability insurance on behalf of its attendees or participants. I represent that Participant is qualified, in good health, and in proper physical condition to participate in the BRLS activities. I understand that there are certain inherent risks and dangers associated with the BRLS activities, and that, except as expressly set forth herein, I knowingly and voluntarily accept, and assume responsibility for, each of these risks and dangers and all other risks and dangers that could arise out of, or occur during, Participant's participation in BRLS.

I acknowledge and agree that BRLS may photograph, record, videotape Participant and use Participant's name, biographical information, voice, image, likeness and persona (collectively, "Likeness") in connection with the activities at BRLS and may use such Likeness in any media whether known now or hereafter developed for BRLS' and the YMCA's commercial, marketing and promotional purposes without additional compensation to myself or Participant. I further release, on my own behalf and on behalf of Participant, BRLS from any claim, damage or liability related to such use and waive all claims for myself, Participant, and respective heirs and assignees.

I, on my own behalf and on behalf of Participant, hereby waive, release, indemnify, hold harmless and forever discharge YMCA Blue Ridge Leaders' School, YMCA Blue Ridge Assembly, the YMCA, each of their subsidiaries and affiliates and their respective officers, directors, staff members, employees, agents, and representatives from and against any and all claims, liabilities, damages and/or expenses resulting from or related to Participant's participation in BRLS activities, including medical treatment and transportation. I approve Participant's enrollment into BRLS and authorize medical treatment at my sole cost if deemed necessary by the BRLS medical team. **I understand that I am signing this agreement freely and voluntarily.** If any part of this agreement is held invalid, the balance of this agreement shall remain in full force and effect. This agreement shall be construed in accordance with the internal laws of North Carolina.

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Signature: _____

Date: _____

ADVISORS: By signing below, you acknowledge and agree that the information contained in this Parent Release Form matches the information submitted in Participant's Leader Application and that Participant's Leader Application is approved.

Advisor Name (print): _____

Advisor Signature: _____

Date: _____

COVID-19 SAFETY ACKNOWLEDGEMENT -- LIABILITY WAIVER AND RELEASE OF CLAIMS
COVID-19 SAFETY INFORMATION

While participating in events held or sponsored by YMCA Blue Ridge Assembly and/or Blue Ridge Leaders' School ("BRLS") "social distancing" must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID- 19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, BRLS has put in place preventative measures to reduce the spread of COVID-19. However, BRLS cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in BRLS events and/or other face to face fundraising activities. By attending BRLS, you certify, on your behalf as parent and/or legal guardian of the participant ("Minor") and on Minor's behalf, that Minor does not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among [others](#);
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

Participants (including Minor) and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact Greg Hall or his designee if he/she experiences symptoms of COVID-19 within 14 days after participating or volunteering with BRLS.

LIABILITY WAIVER AND RELEASE OF CLAIMS:

I acknowledge that I, on my own behalf and on behalf of Minor, derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with BRLS, and I willingly engage in BRLS events and/or other fundraising activities (the "Activity").

RELEASE AND WAIVER. I, ON MY OWN BEHALF AND ON BEHALF OF MINOR, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST BRLS, BLUE RIDGE ASSEMBLY, AND ITS AFFILIATED STAFF, VOLUNTEERS, PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

ASSUMPTION OF THE RISK. I acknowledge and understand the following: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; 2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID- 19, even if arising from the negligence or fault of the Released Parties; and 3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

MEDICAL ACKNOWLEDGMENT AND RELEASE. I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if Minor experiences any of these or any other symptoms during the Activity, Minor will discontinue participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE, ON MY OWN BEHALF AND ON BEHALF OF MINOR, AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. As a participant, volunteer, or attendee, I, on my own behalf and on behalf of Minor, recognize that Minor's participation, involvement and/or attendance at any BRLS event or activity ("Activity") is voluntary and may result in personal injury (including death) and/or property damage to Minor. By attending, observing or participating in the Activity, I acknowledge and assume, on my own behalf and on behalf of Minor, all risks and dangers associated with your participation and/or attendance at the Activity, and I agree that, on my own behalf and on behalf of Minor: (a) BRLS, Blue Ridge Assembly, the property or site owner of the Activity, and all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims"). BY ATTENDING AND/OR PARTICIPATING IN THE ACTIVITY, I AM DEEMED, ON MY OWN BEHALF AND ON BEHALF OF MINOR, TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.