

CONSENT FOR YOUTH PARTICIPATION

PARTICIPANTS NAME: _____

I hereby request and consent that my child or ward, _____
PARTICIPANTS NAME

be permitted to travel to and from and participate in the **Relay Retreat at YMCA Triangle Y Camp** in **Oracle AZ** on **February 20– February 21, 2010**. I understand the following:

- I agree that no official or ACS employee associated with the event will be held responsible for any injuries or damages occurring while my child is traveling to or from or during the time my child is in _____ for attendance at the event or during participation in the event. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's travel to and from, attendance or participation in the event.
- I hereby authorize any official of the event or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

The nature of this youth event has been reviewed with me and I hereby give my approval. I further grant permission for (PARTICIPANTS NAME) _____ to appear in person or in voice, video or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the Relay Retreat.

Participant Signature _____ Date: _____

Participant Name (Printed) _____

Region/Market Represented _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name (Printed) _____

Please return the completed form to

**American Cancer Society
Attn: Terie Tutt-Bates
Relay For Life Youth Leadership Retreat
1636 N Swan Rd Ste 151
Tucson, AZ 85712
520-323-4203
Terie.tutt-bates@cancer.org**

DEADLINE : February 12, 2010

Medical Emergency Authorization

As the parent/legal guardian of _____(please print name of participant),

I give full authorization to the American Cancer Society staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined by the event staff. In the event that I cannot be contacted, and an emergency has occurred, I give permission for the above medical providers to hospitalize, treat, and order injections, x-rays, anesthesia, surgery or other treatments as deemed medically necessary for my child.

My child is allergic to the following medications:

My child suffers from the following conditions and/or allergies:

My child regularly takes the following prescription and/or non-prescription medications:

Health Insurance carrier _____

Subscriber name _____

Subscriber number _____

Policy number _____

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Please return the completed form to

**American Cancer Society
Attn: Terie Tutt-Bates
Relay For Life Youth Leadership Retreat
1636 N Swan Rd Ste 151
Tucson, AZ 85712
520-323-4203
Terie.tutt-bates@cancer.org**

DEADLINE : February 12, 2010