

**Rotary Youth Leadership Awards**

**ACTIVITY PARTICIPATION  
RELEASE FORM**



**March 6-9, 2008**

Last Name: \_\_\_\_\_ FirstName: \_\_\_\_\_ Middle: \_\_\_\_\_

Name of Camp/Program: \_\_\_\_\_ Rotary Youth Leadership Conference (RYLA) \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ March 6-9, 2008 \_\_\_\_\_ Location: \_\_\_\_\_ Pacific Lutheran University \_\_\_\_\_

In consideration of my application to participate in a voluntary summer camp or program at Pacific Lutheran University (PLU), I agree to the information below.

I understand that participating in a summer camp or program at PLU involves risk. These risks are identified in the following categories:

**Learning Environment:** I understand that participating in a learning environment involves some risk. I will be moving from location to location on campus and/or in other locations, and learning within facilities at PLU and/or elsewhere. This involves risks and the potential of injury. These risks vary depending on innumerable factors. Injury can occur as a result of equipment failure, weather, acts of other participants or third parties, lack of or improper supervision, or disease. Every type of injury could occur. This may include broken bones, chemical exposure, back or brain damage, death or dismemberment.

**Active Participation:** I understand that part of my experience at PLU may include active participation, athletic or aerobic activity. Participation in these activities requires rigorous exercise under conditions, which are sometimes dangerous. Injuries to the participant can occur in many foreseeable and unforeseeable ways. Injuries can occur as a result of equipment failure, poor surface and/or field conditions, lack of proper supervision and the negligence of other participants (including, but not limited to teammates, opponents, spectators, or officiating personnel). They can occur during periods of free time, strength development exercises, during practices or at athletic events themselves. Injuries can occur even if you, your teammates and opponents are physically fit and participating according to the rules of your chosen sport. They can also occur because you, your teammates or opponent is not physically fit or does not abide by the rules. Every type of injury could occur. This may include broken bones, ligament tears, back or brain damage, death or dismemberment.

**Travel & Accommodations:** I understand that part of my experience at PLU may include travel to or from event locations, overnight or daytime accommodations. These activities involve risk and the potential of injury. This can occur due to equipment failure, vehicle failure, accidents, facility malfunctions, negligent operation and/or supervision by an agent of PLU or a third party, or acts of others (including participants or non participants). Every type of injury could occur. This may include broken bones, back or brain damage, death or dismemberment.

I wish to participate in the above activity scheduled at Pacific Lutheran University. I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury, death, or other consequences arising or resulting from the activity. I agree to accept full responsibility for such risks. I agree to accept responsibility for all implied risks and possible acts of negligence by other persons and/or agents of PLU. I further agree to advise activity planners of any physical or mental limitations I may have. I agree to be fully responsible for my own property and equipment related to this activity.

**PLEASE NOTE:** THIS FORM MUST BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO EITHER YOUR SCHOOL COUNSELOR OR ROTARIAN REPRESENTATIVE.

In consideration of my voluntary application and as a requirement to participate in this activity, I hereby release and indemnify Pacific Lutheran University and their staff of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered at Pacific Lutheran University.

I also agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept full responsibility for any medical costs which may result from my participation and for any treatment for any injury sustained while taking part in the program.

**I have read this release and indemnification agreement and understand its meaning. This release is intended to bind by heirs, representatives, successors, assigns and administrators.**

\_\_\_\_\_  
Signature of Participant\*                      Date                      Printed Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Date                      Printed Name

\*Parent or legal guardian must also sign for participants under 18 years of age.

**Being fully informed as to these risks, I hereby consent to the minor participating in the activity.**

**Participant Information:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone                      Alternate Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Birth Date