



YES! empowers youth to partner with their community to create economic and environmental vitality through hands-on learning and team-based projects.
www.youthenergysummit.org

LIABILITY RELEASE AND MEDICAL AUTHORIZATION FOR YOUTH ENERGY SUMMIT PROGRAM

As parent or guardian of the child named below, I give my permission for my child to attend the Youth Energy Summit (YES!) program activities at Prairie Woods Environmental Learning Center (PWELC), Eagle Bluff Environmental Learning Center (EBELC) and other locations as scheduled through the YES! program. I give permission for PWELC, EBELC, Southwest Initiative Foundation (SWIF), Southern Minnesota Initiative Foundation (SMIF), or the school or organization named below to provide transportation to my child for emergency or educational reasons. In the event of an emergency, I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

In consideration of my child's participation in the YES program, by signing this release, I agree that if my child is injured in any way while participating in activities at PWELC, EBELC, or other locations scheduled through the YES! program, I voluntarily release PWELC, Kandiyohi County, SWIF, EBELC, SMIF, the school or organization named below, as well as all of their personnel, staff and directors, from any and all liability except from gross negligence or willful or wanton conduct for the injuries.

I understand and agree that this release applies to not only me, but also my estate, heirs and assigns. In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless PWELC, Kandiyohi County, SWIF, EBELC, SMIF and the school or organization named below.

I understand that activities may include but are not limited to the following: hiking on uneven ground, exposure to dangerous weather and other natural conditions, walking on docks or boardwalks over open water, or other activities. I am aware that participants may be injured while participating in these and other activities. I have determined that my child is fully medically capable of participating in the activities through YES!.

All references in this form to activities through PWELC, SWIF, EBELC and/or SMIF include activities at satellite or off-facility locations and community action projects.

I understand that photographs or video footage may or may not be taken of my child during these activities and as such indicate my permission as follows:

- YES**, I give my permission for YES! above named partners to use photographs or video for promotional purposes, including, but not limited to web communications, brochures or promotional video.
- NO**, I do not grant my permission for YES! above named partners to use photographs or video for promotional purposes, including, but not limited to web communications, brochures or promotional video.

I have read this release; I understand it; and I fully agree to all of its terms.

Signature of parent/guardian: _____ Date: _____

Name of parent or guardian (print): _____

Parent or guardian address (if different from child): _____

City: _____ State/ZIP: _____

Student's Name (print): _____ Age: _____

Address: _____

City: _____ State/ZIP: _____

Name of school or organization involved in YES!: _____

