



Trips for Kids Activity Permission Form

This form must be read, completed in full, signed and given to the TFK leader BEFORE the participant may join the activity.

Express Assumption of Risk, Release, Indemnification and Covenant Not to Sue Agreement

In consideration for the services of Trips for Kids, its activity leaders, officers, agents, and volunteers (collectively referred to herein as ‘TFK’), I, on behalf of myself and/or as the parent or guardian of the minor child participating in the TFK activity, and our heirs, agree as follows:

I understand and am aware that mountain biking, bicycle mechanics skills training, hiking, swimming, and related activities including, among others, use of TFK equipment such as bicycles, camp stoves, campfires, knives, tents and backpacks, bike shop tools and equipment (referred to herein as ‘Activity’), and transportation to and from such Activity, are *Hazardous Activities* involving *Inherent and Other Risks* of injury to any and all parts of the body. I further understand that injuries in the Activity are a *Common and Ordinary Occurrence*, and I have made a voluntary choice for myself and/or the minor child listed below to *Accept and Assume All Risks of Injury or Death* that might be associated with or result from this Activity.

To the fullest extent allowed by law, I agree to *Release from Liability*, and to *Indemnify and Hold Harmless* TFK from any and all liability on account of, or in any way resulting from, personal injuries, death or property damage, other than as a result of TFK’s gross negligence, in any way connected with this Activity. I further *Agree Not to Make a Claim or Sue for Injuries or Damages Relating to This Activity*, other than as a result of TFK’s gross negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

Authorization for First Aid and Medical Treatment

I recognize that medical or dental care may be necessary for myself and/or my minor child. *I Authorize TFK and the activity Leader(s) to Render First Aid or Emergency Care*, within the scope of the certification of the activity leader(s). In addition, I authorize TFK to call for medical or dental care for myself and/or my minor child if, in the opinion of TFK, medical or dental care is needed. *I Agree to Pay for All Expenses and Costs Associated With Such Care and Related Transportation*. In addition, I hereby authorize and consent for any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed by the state in which treatment is given and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health or the equivalent agency in another state. 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 physician in the exercise of his best judgment may deem advisable. It is understood, medical condition allowing, that effort shall be made to consult the undersigned prior to rendering the treatment to the patient, but that any of the above treatment will not be withheld if the undersigned is incapacitated or cannot be reached.

Consent to Use Photographs

To accomplish our goals, TFK frequently sends press releases and photographs to the media (ie. newspaper, TV, internet, etc.) and uses photos in our own publications. It is the right of the individual whether or not to consent to the use of his/her photograph and/or name for the above publicity purposes. I hereby authorize TFK to use any photos or videos taken of me during TFK activities.

_____ YES _____ NO

I hereby acknowledge that all the information I have provided on page 1 and page 2 of this agreement is true, correct and complete. I agree to update page 2 of this agreement as necessary. I hereby acknowledge that I have fully read, understood and accepted each of the above provisions, and voluntarily signed this agreement.

[NAME OF PARTICIPANT]

[AGE]

[DATE OF BIRTH]

[NAME OF PARENT/GUARDIAN OF MINOR PARTICIPANT]

[HOME ADDRESS]

[PHONE NUMBER]

[DATE]

[SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN OF MINOR PARTICIPANT]

Trips for Kids Participant Emergency Medical Information

This information may be used for more than one outing. You must inform the activity leader if any of this information changes from outing to outing.

1. Participant's Name _____

Parent's/Guardian's Name (of minor participant) _____

Address _____

Parent's/Guardian's Phone _____

Date completed _____

2. **Allergies** to drugs, foods, insect bites, etc.:

3. List all **medications** for which the participant currently holds a prescription and indicate which ones the participant will be taking during outing(s):

4. List all **medical conditions** of which the activity leader should be aware or which may affect the participant's ability to participate in activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):
