

IFYL Foundation LIABILITY RELEASE FORM

In consideration for being accepted by Institute for Young Leaders, Inc. for participation in the 2008 Leadership Tours. I do hereby release, forever discharge and agree to hold harmless IFYL, Inc., and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as incurred by the undersigned and the student participant that occur while said student is participating in the above described trip or activity.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

I am the parent of this participant and hereby grant my permission for him to participate fully in said trip, and hereby give my permission to take said child to a doctor or hospital and hereby authorize medical treatment including but not in limitation to emergency surgery or medical treatment and, assume the responsibility of all medical bills, if any.

Name of Student Participant

e-mail address

Parent Signature

Home Telephone

Print parent name

Emergency Phone

Insurance Company

Hospital Insurance __Yes __No

Policy Number

Physician

Physicians Phone

Current Medication _____

Other Pertinent Medical Information: