

2008 Northeast Regional Youth Conference

Parent/Participant Permission Form

Everyone attending the Northeast Regional Youth Conference **MUST** fill out this form, regardless of age.

We/I, the parents (guardians) of (participants name) _____,
Or (for adults), I (participants name) _____, member of
_____ State Grange, or it's subordinate, would like to give our child (or
grant myself), the opportunity to participate in the Northeast Regional Youth Conference, being
sponsored for the benefit, education and enjoyment of members of the Grange from July 11th through
July 13th, 2008 at Canonicus Camp & Conference in Exeter, RI.

We/I realize that my/our child's participation in this program may involve some risk of personal injury to myself/our child, and/or damage to property and therefore, we/I on behalf of myself/our child, hereby release the Rhode Island State Grange, the Youth Department and Committee, the Youth Director and any and all agents, employees or contractors, from any and all claims and legal actions for any personal injury to myself/our child, for any loss to me/us that results from my/our child's participation in this Conference and it's several events.

We/I further agree to indemnify and hold harmless the Rhode Island State Grange, the Youth Department and Committee, the Youth Director and any and all agents, employees and contractors, against all claims and legal action for any personal injury to myself/our child or loss to me/us for any personal injury to other persons and damage to other person's property that may result from my/our child's participation in this Conference and it's several events.

We/I hereby grant and convey to the Rhode Island State Grange, it's employees and agents, full authority to take whatever actions they may consider to be warranted under the circumstances regarding the health and safety of me/our child, and we authorize them to obtain the necessary medical services and treatment for myself/our child, without further consent and at my/our expense, from a hospital, medical doctor, nurse or EMT. We/I hereby grant permission for medical aid to be given to me/our child in case of emergency.

We/I understand that this is a supervised event, and that group standards of conduct must be observed. I/our child will agree to comply at all times with the Rhode Island State Grange rules, standards and instructions for participant behavior. We/I agree that the Rhode Island State Grange, its employees and agents, shall have the right to enforce appropriate standards of conduct, and they may, at any time, terminate my/our child's participation in this Conference and its several events, for failure to behave according to these standards or for any actions or conduct which they consider to be incompatible with the interests, comfort and welfare of other participants in this Conference and it several events, or its supervisory staff. If my/our child's participation is terminated, I/we consent to my/our child being returned to my/our home at my/our expense.

My/our signature(s) below indicate(s) the I/we have read and agree to the above

Signature: _____ **Date:** _____

Print Name and Relationship to Participant: _____