

Illinois State Grange Youth Permission, Release, Hold Harmless Indemnification

Everyone attending any Illinois State Grange Youth Conference MUST fill out this form, regardless of age. The first paragraph is for participants 17 years old and younger. Parents or Guardians MUST sign this section.

The remaining four paragraphs need everyone's signature at the bottom. The parent(s) or guardian(s) MUST also sign the bottom signature if your child is 17 years old or younger.

I/We _____ are the parent(s) or guardian(s) of _____ (child 17 years old or younger). We hereby jointly and severally permit our child to participate in all activities sponsored by the Grange.

I/We recognize that the program requires the time, energy and supervision of members and volunteers of the Grange in order to be a success. After having fully considered the possibilities of harm and injury, I/We as the parent(s) or guardian(s), or individual signed below, do accept the responsibility for any and all injuries as a result of his/her participating in the aforementioned activity, and any other time involved in the activity.

I/We certify that our child or the individual (myself) signed below is in good health, free from physical disability which would make our child's or my participation in the activity unadvisable. I/We will advise the moderator of any information that I/We may acquire in the future which would render myself or our child incapable for health or other reasons from full participation in this activity or their designee the authority to permit emergency medical treatment if it becomes necessary and I/We accept the responsibility for the results and cost of such treatment.

This permission, release, hold harmless and indemnification is given so that the Grange will allow me or our child to become a participant in the aforementioned youth activities.

We hereby release, hold harmless, and will indemnify the Grange, its officers, directors, volunteers and Moderator from all responsibility for claims of personal injury to me or to our child which may occur as a result of participation in this Grange Youth Activities Program.

I/We give permission for any medical treatment necessary in case of injury.

Date: _____ Signature: _____

Emergency Contact Information

Name: _____

Address: _____

Telephone Number: _____ Relationship: _____