

Advanced Mentoring Enrichment Network

LIABILITY RELEASE FORM

Release of all claims

In consideration for being accepted by Advanced Mentoring Enrichment Network, Allentown School District, City of Allentown, Bethlehem School District, City of Bethlehem, Easton School District and City of Easton for participation in Midnight Basketball, we (I), being 18 years of age or older, do for ourselves (myself) [and for and on behalf of my child participating if said child is 17 years of age or younger] do hereby release, forever discharge and agree to hold harmless Advanced Mentoring Enrichment Network and the aforementioned entities and its directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occurs while said child is participating in the above described activity.

Furthermore, we (I) [and on behalf of my child participant if said child is 17 years of age or younger] hereby assume all risk of personal injury, sickness, death, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby granted to Advanced Mentoring Enrichment Network to furnish any necessary transportation, if needed, and food for this participant.

The undersigned further hereby agrees to hold harmless and indemnify Advanced Mentoring Enrichment Network, its directors, employees, and agents, for any liability sustained by Advanced Mentoring Enrichment Network as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

IF THE PARTICIPANT HAS NOT ATTAINED THE AGE OF 18 YEARS:

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant my(our) permission for him(her) to participate fully in said Advanced Mentoring Enrichment Network and hereby give my(our) permission to take said participant to a hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical expenses, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I(we) hereby assume all transportation costs.

Student Name (PRINT)

Date

Parent/Guardian (PRINT)

Date

Health Insurance Provider _____ Policy Number _____

Primary Physician _____ Phone Number _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the A.M.E.N. Midnight Basketball Program.

Student Signature

Date

Parent/Guardian Signature

Date