



**PARTICIPANT
LIABILITY /MEDIA RELEASE FORM**

Inspire the Fire Youth Fellowship, Inc.

Name(first/last) _____ Date of Birth (include year) _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Mobile _____

Parent/Emergency Contact Name (first/last) _____

Parent/Emergency Contact Phone Number _____

(I) authorize an adult over the age of 18 years or greater, to whom the above-named participant, has been entrusted for all Inspire the Fire Youth Fellowship, Inc. activities to consent to be rendered medical treatment to the minor if applicable on the advice of any licensed medical provider or dentist in case of a medical emergency.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned participant pursuant to this authorization.

The undersigned shall be liable for and agree(s) to pay all costs and expenses incurred with any transportation costs should it be necessary due to medical reasons or otherwise.

The undersigned does also hereby give permission for the participant to ride in any vehicle designated by the adult in whose care the participant has been entrusted while attending and participating in activities sponsored by Inspire The Fire Youth Fellowship Inc. In consideration for allowing the participant to participate in activities sponsored by, Inspire The Fire Youth Fellowship, Inc. (I) do hereby agrees to indemnify and to hold harmless Inspire The Fire Youth Fellowship, Inc. any volunteers with Inspire The Fire Youth Fellowship, Inc. including but not limited to the directors, officers, board members and facilitators, volunteers of Inspire The Fire Youth Fellowship, Inc. from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, including but not limited to any claims for negligence.

Participant/Participant Representative Signature _____ Date/Time _____ Print Name (first/last) _____

Release for Media Recording

I hereby grant permission to Inspire the fire Youth Fellowship Inc. to use the image of the participant. Such use includes but is not limited to: the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of the participant for use in materials that may include, but not exclusive to printed materials such as brochures newsletters, videos, and digital images such as those on the Inspire the Fire's Web site.

Participant/Participant Representative Signature _____ Date/Time _____ Print Name (first/last) _____

(Revised 7-2017)