

AGREEMENT TO RELEASE

Name:

Birthdate:

Parent Name(s):

If under 18 years of age

School Grade:

If under 18 years of age

Home Address:

Emergency Contact Information:

Name:

City/State/Zipcode:

Relationship:

Home Telephone:

Telephone:

Parent Cell:

If under 18 years of age

Scout Cell:

Insurance Information:

Parent E-mail:

If under 18 years of age

Insurer:

Scout's Email:

Policy Number:

****ALLERGIES: _____ (Write details on back page)****

In order to induce the Lithuanian Scout Association, Inc. to accept me (and/or my child, our child or ward) as a member of the organization, I (and my parent or guardian) hereby agree to fully and completely release, discharge, and indemnify from all liability as herein described, all of the parties mentioned as being released and indemnified herein. In consideration of being accepted as a member of the Lithuanian Scout Association, Inc., I (we) agree to abide by and follow all regulations, rules, and directions set forth by the Lithuanian Scout Association Inc. (hereinafter referred to as the Association) Its officers, agents, leaders, assistants, representatives, employees, servants and their successors and assigns. I am (we are) familiar with the purposes, organizational structure, and the operational methods of the association. I (we) understand that there is an element of risk involved with the participation of myself (and/or my child, our child or ward) sponsored by the Association, that membership In the Association is on a purely voluntary basis and that such membership could not be granted to anyone not assuming any and all risk associated with any and all activities sponsored by the Association. I (we) hereby certify that the mental and physical condition of myself (and/or my child, our child or ward) permits me (him or her) to fully participate in any and all activities sponsored by the Association. I (we) enter into said activities voluntarily as an independent contractor and not as an agent, employee or servant of any party to this agreement; and for that reason, I (we) assume full responsibility for any and all injuries and damages which may occur to or be sustained by myself (and/or my child, our child or ward) in, on or about the activities, premises or facilities of the Association. I (we) hereby release and discharge the Association of and from any and all claims, demands, damages, rights or causes of action, existing or hereafter arising, known or unknown, anticipated or unanticipated, resulting from or arising out of the participation of myself (and/or my child, our child or ward) in any and all activities sponsored by the Association or the use of any and all premises, facilities or equipment thereof. This release includes, but shall not be limited to, any and all claims for personal injuries resulting from or arising out of the negligence of the Association or the acts and negligence of any other person or firm, whether upon or off the premises of the Association, including any other person participating in any and all activities sponsored by the Association or the use of any and all premises, facilities, or equipment thereof, for whose acts and negligence the Association shall in no way be liable.

I (we) agree to voluntarily assume any and all debts, costs, expenses, and liabilities incurred in connection with any and all activities by myself (and/or my child, our child or ward) and the Association including, but not limited to, the cost of any medical treatment necessary. I (we) further agree voluntarily to indemnify the Association against and save it harmless from all loss and damage (including damage to property and/or injury to person) arising from the failure of myself (and/or my child, our child or ward) or those acting under me (him or her) to conform to the statutes, ordinances or other regulations, rules or requirements of any governmental agency whatsoever, including, but not limited to, those of the Association. This writing may not be altered or amended other than by written instrument. Should any provision of this agreement be held to be unenforceable for any reason whatsoever, all of the remaining provisions of this agreement shall remain in full force and effect.

In case of sudden illness or injury to the above named-individual in any Lithuanian Scout Association, Inc. (hereinafter referred to as the Association) activity whatsoever, I (we), as parent or parents, guardian or guardians, authorize the senior representative of the Association present to give any and all emergency medical treatment necessary. Should it be impossible to reach me (us) in an emergency, I (we) hereby grant authority to the senior representative of the Association present to select and retain a physician; and I (we) authorize that physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for the above named individual. Furthermore, I (we) agree to indemnify the Association, its officers, agents leaders, assistants, representatives, employees, servants, and their successors and assigns against and save them harmless from any and all debts, liabilities, and expenses incurred as a result of any medical treatment given the above-named individual.

I (we) hereby certify that I (we) have read and understand the provisions of this agreement.

(Signature of Applicant):

(Signature of Parent or Guardian):

if under 18 years of age

Signed on this _____ day of _____, 20 _____ A.D.

Paid \$	_____
Cash	_____
Check #	_____
<div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div>	