



2016-2017

LIABILITY RELEASE AND MEDICAL CONSENT

Liability and Release

In consideration for the opportunity for my child to participate in the activities of **MENTORING TO MANHOOD, INC. (M2M)**, I hereby recognize and assume responsibility for the risks involved in my child's participation in outdoor physical activities, his/her transportation by car, cab, bus, van, or other means, and all other activities described in the attached.

Except for claims, actions, liability, and/or demands ("claims") that arise from, are caused by, or result from the gross negligence or willful misconduct of **M2M**, I release, forever discharge, and agree to hold harmless **M2M**, and their respective directors, employees, volunteers, independent contractors, agents, assignees, representatives and their successors in interest (collectively, "representatives") from any and all claims resulting from personal injury, property damage, sickness, death, or any other harm me or my child may experience as a result of my or my child's participation in **M2M's** programs and/or activities.

I further agree to hold harmless and indemnify **M2M**, and their respective representatives from any claims resulting in any way from acts or omissions of myself or my child.

Christian Based Mentoring

I acknowledge that I have been informed that **M2M** is a Christian-based mentoring program. As such the program uses biblical principles to give advice to youth in the program. I permit my child to be exposed to prayer and religious activities that they so chose. However, **M2M** will at no time force any student to participate in religious activities. Furthermore, **M2M** will not discriminate against any participant regardless of race, religion, or other protected class of individuals.

Academic Performance Monitoring

I grant permission for **M2M** to have full access to my child's student records for the purpose of tracking grades, attendance, behavior and any other matters that impact academic performance. **M2M** also has the right to contact my student's guidance counselor and I authorize any and all school officials to share student information and records with **M2M**.

Administration of First Aid & Medical Treatment

I further consent to the administration of first aid, doctor's care, and/or any other form of medical treatment necessitated by illness or injury that may be required, and I authorize **M2M**, and their respective representatives to provide consent for such first aid, doctor's care, or other medical



treatment on my or my child’s behalf. I agree to hold harmless and indemnify the **M2M** from any acts of negligence, malfeasance, and/or failure to act on the part of those chosen to administer medical care for my child.

I am / we are the custodial parent(s) or legal guardian(s) of _____, a child under the age of 18 years, and I / we have the sole and exclusive right and authority to enter into this agreement on that child’s behalf and to grant these rights.

Parent / Guardian Signature

Parent / Guardian Signature

Emergency Contact #1

Emergency Contact #2

Name: _____

Name: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

Email: _____

Email: _____

Please list any allergies, medications or pertinent medical information: _____

