**CONSENT FOR PARTICIPATION**

I hereby give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name) to participate in activities hosted by the American Heart Association / American Stroke Association for Youth Lobby Day at the Idaho State Capitol in Boise, ID, and engage in training and other events and activities as necessary to partake in Youth Lobby Day as a representative of his/ her organization.

Parent / Guardian Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Coverage**

I understand that the American Heart Association / American Stroke Association does not carry medical or liability insurance covering participants traveling for the training or Youth Lobby Day. I hereby wave on behalf of myself and the above named student any liability of the American Heart Association / American Stroke Association in Idaho or parent company, either organizationally or for any officers, agents, employees, or volunteers for injuries or damages sustained at the training or Youth Lobby Day. I also understand that medical or liability insurance is my responsibility.

Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In consideration of the above named student’s opportunity to participate in Lobby Day activities, I give my consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named participant, by a physician, qualified nurse and/or hospital in the event of illness or injury during all periods of time in which the participant is away from his or her legal residence as a participant in the training or Youth Lobby Day.

Parent / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Contact Phone (M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The American Heart Association (the “Company”) requires all participants in Youth Lobby Day to sign this Release of Liability Form (“Release”) before any youth can participate in the Workshop or Lobby Day. Parents or legal guardians must sign the Release for all participants under the age of 18.

I, the parent/ legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that my youth may need transportation to and from Lobby Day. I understand that travel may involve risk of injury. I understand these risks include, but are not limited to, death and severe bodily injury. I also understand these risks could lead to serious impairment of my youth’s future ability to earn a living, engage in business, and generally enjoy life. Because of the dangers involved with travel, I understand the importance of any and all instructions regarding the use of safety belts, not distracting the driver, no standing up or excessive behavior and any other driver imposed rules, and agree to instruct my child to obey all instructions. In addition, I understand that the Company and its employees and volunteers attempts to provide adequate supervision, but that due to the nature of Lobby Day, there may be times when my youth has minimal supervision or may be supervised by a peer teacher or volunteer.

In consideration for being allowed to attend the training and Lobby Day, and for the employees and volunteers of the company transporting my youth to and from activities related to Lobby Day, I agree to RELEASE, HOLD HARMLESS and INDEMNIFIY the American Heart Association/ American Stroke Association and its affiliates, owners, volunteers, employees, and agents from any and all liability, cause of action, losses, costs, damages, expenses, claims, including attorney’s fees arising out of or resulting from any such claims or suits by or on the behalf of any persons, or demands of any nature, arising out of or in any way connected with the participation of the minor. I personally assume all risks in connection with these activities. I further agree to HOLD HARMLES and INDEMNIFY the Company and its affiliates, owners, employees, volunteers, and agents from all liability, claims and causes of action which the minor may have arising from the minor’s participation in these activities, to the fullest extent permitted by law. The terms of this Release shall also extend to my heirs and personal representatives. This Release shall be governed by the laws of the State of Idaho, and the venue of any dispute that arises out of this release shall be in Idaho.

In signing this form, I certify my understanding of this form and agree to instruct my youth to abide by all of the instructions given to my youth by AHA/ ASA volunteers, employees, or agents during my youth’s attendance at the training and Youth Lobby Day.

**I, as the parent/ legal guardian, have read this Release of Liability and Hold Harmless agreement and understand its terms. I understand that the training and Lobby Day may involve some risks including, but not limited to, those outlined above. I understand that this is a release of liability. The terms hereof serve as a release, indemnification, and assumption of risk for me and my youth and heirs, estate and for all members of our family.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Legal Guardian Signature Date