

# Emergency Medical Authorization And Liability Release For Lease Group Participants

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Age

I hereby forever release, waive, discharge, and covenant not to sue Recreation Unlimited Farm and Fun and/or the sponsoring agency, its associates, volunteers, agents, successors, assigns, trustees, and/or members, its affiliated clubs, their representative administrators, directors, coaches, other participants, sponsoring agencies, individual sponsors, advertisers, heirs, and if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "releases," from demands, losses, claims or damages arising from injury to the above-named participant or his/her property caused or allegedly caused, in whole or in part, by the negligence of releases or otherwise, that occurs during programs, events or activities, in transit to or from Recreation Unlimited Farm and Fun, or during any activity approved by releases.

I hereby covenant and agree to indemnify and save harmless releases from any and all damages, expenses, fees, costs, claims, losses arising out of any loss or injury sustained by the above-named participant as a result, in whole or in part, of releases furnishing medical care to above-named participant or releases arranging for the hospitalization and medical care of the above-named participant.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

All program activities at Recreation Unlimited are activities by choice. It is the responsibility of the participant or Lease Group representative for the participant to choose not to participate in an activity that may adversely affect physical or mental health.

I/WE HAVE READ THE ABOVE AUTHORIZATION AND UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS AND HAVE ACCEPTED/ASSUMED SUBSTANTIAL RISK AND LIABILITY.

I certify, warrant and represent to possess the cognitive ability to read and comprehend all the statements made in this form.

I certify, represent, and warrant that I am either the above-named participant at or beyond the age of majority, with the legal capacity and cognitive ability to sign this form, or the parent/legal guardian of the above-named participant with the legal authority, cognitive ability and legal capacity to sign this form on behalf of the above-named participant.

\_\_\_\_\_  
Parent/Legal Guardian or Participant Age 18 or Older and His/Her  
Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
\*Second Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\*Note: If second parent signature is not possible, then the first parent/guardian certifies that the second parent/guardian's signature is not required or the second parent/guardian has authorized the above-named participant to pursue this activity and agrees to all statements listed above.