

## **Liability/Media Release and Indemnification Form**

I do hereby authorize the participation of, my child, \_\_\_\_\_ in the Indiana National Guard Youth Camp, and all activities in connection therewith, conducted under the auspices of the Indiana National Guard Youth Camp.

I agree to allow my child to participate in said camp, having been fully and completely informed and advised regarding the nature and purpose of said camp and the activities conducted. It is my full and free decision to allow my child to participate.

I certify that my child is in good health, and hereby authorize the directors of the camp to act on my child's behalf, according to their best judgment, in any emergency requiring medical attention.

I understand that my consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with medical treatment should an emergency require immediate medical attention. No major medical procedure will be performed, except in extreme emergency, without me/or my emergency contact being contacted and fully informed and consent obtained.

I also understand that the State Youth Coordinator/Staff has the right to ask my child to leave for inappropriate activities, or misconduct, and I may be billed for damages to any property or other replacement costs resulting from theft or damage to property.

I agree to allow photographs of my child to be taken by Indiana National Guard Public Affairs staff and/or State Youth Coordinator/Designated staff during the course of camp to be used in future INNG Youth Program publicity, including display boards, booklets, and brochures.

I have read the foregoing release and indemnification agreement and I hereby agree to its terms and conditions.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date