

“2017 Paslapčių leškonė-Cleveland” Release Agreements

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in the Scouting activity “2017 Paslapčių leškonė-Cleveland” to be held from October 6 to 9, 2017 involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Lithuanian Scouts Association, the activity coordinators, and all volunteers, related parties, or other organizations associated with the event from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with Lithuanian Scouts Association volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me and/or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Minor’s Name under 18 years of age (Please Print) _____

Parent or Legal Guardian (Please Print) _____

Parent or Legal Guardian Signature _____

Date Signed: _____

Talent Release Form

I hereby assign and grant to the Lithuanian Scouts Association the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child during the Scouting activity “2017 Paslapčių leškonė-Cleveland” by the Lithuanian Scouts Association, and I hereby release the Lithuanian Scouts Association from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the event organizers and the Lithuanian Scouts Association, and I specifically waive any right to any compensation I may have for any of the foregoing.

Minor’s Name under 18 years of age (Please Print) _____

Parent or Legal Guardian (Please Print) _____

Parent or Legal Guardian Signature _____

Date Signed: _____