



## Agreement, Assumption of Risk, Consent and Permission, Liability Release

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-READ CAREFULLY BEFORE SIGNING-

In consideration of my child/ren (Child's name) \_\_\_\_\_ being permitted to participate in the programs or activities of Never The Less, Inc. I understand and agree as follows:

I understand that my child may be involved in various activities with other children, students, and adults, and that it is foreseeable that accidents, incidents or injuries may occur and/or that property of my child may get lost or damaged. To the fullest extent permitted by law, I assume full responsibility, including financial responsibility, for any and all losses involved in a NTL program or activity.

If any emergency medical procedures are required while my child is in the care of NTL, I consent to NTL employees, representatives, or agents taking, arranging for, or consenting to the procedures or treatment in his/her discretion, and acknowledge and agree this does not create a duty for them to do so. I also give my consent to any medical facility to administer emergency treatment it deems necessary for my child. In case my child needs to be transported for a medical emergency, I understand that the community center staff will contact 911 for emergency medical assistance. I understand there may be a charge and I agree to pay for this service. I understand that NTL staff will make every attempt to contact me or my listed "Emergency Contacts" should my child require medical attention.

I, for my child, heirs, spouse (if any), administrators, or personal representative assign, release, waive, discharge and further agree to the fullest extent permitted by law, to indemnify, hold harmless, release, and/or reimburse NTL and its board, officers, employees, agents, representatives, insurers, and others action on their behalf, for/from all claims, demands, suits, losses, cost of expense, or damage to property, personal injury or bodily injury including death, sustained or claimed, and actions which, I or any other parent or guardian, any sibling, the child, or any other person or legal entity may have or claim to have, known or unknown, directly or indirectly, arising out of, during or is in any way connected with my child's participation in, at or with the NTL and/or the rendering of emergency or other medical procedures or treatment, if any.

I give my permission for my child to participate in the Program/s noted on the attached Youth Intake Form. I understand some activities, depending upon the Program, will be off-site and that my child will be transported by NTL.

Photographs: \_\_\_\_ (I give) or \_\_\_\_ (I do not give) my permission to NTL to take and use any photographs of or videos taken during activities to be used in any NTL publication or other informational or advocacy media formats.

**I represent that I have read this entire Agreement, Assumption of Risk, Consent and Permission, and Liability Release and I understand its terms and that it signifies assumption of risk and gives my liability release, consent and permission.**

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