



NEXT GENERATION LEADERS PROGRAM
Liability Waiver

I/my minor child, _____, wish/es to participate in the Next Generation Leaders Program (NGLP) to be held at 50 Prince Street Rochester, NY 14607 on Wednesdays October 2011 – May 2012 in Leadership program activities.

I am aware that participation in the Activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate.

IN CONSIDERATION OF MY/MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY RELEASE AND DISCHARGE THE AMERICAN NATIONAL RED CROSS, GREATER ROCHESTER CHAPTER, AND ALL OF THEIR EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS ("RELEASEES") FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY/MY CHILD'S PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

For parents/guardians of minor participants only: As the minor's parent/guardian, I hereby consent to his/her participation in the Activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the American Red Cross permission to seek medical attention for my child.

BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENTS.

Participant's Parent/Guardian Signature _____ Date _____

Printed Name of Participant's Parent/Guardian _____

I understand that I/my child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross, Greater Rochester Chapter, and their agents and affiliates to use my/my child's name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. _____





EMERGENCY INFORMATION
(to be provided by parent/guardian of minor participant)

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:

Name: _____

Daytime: _____

Evening: _____

Cell: _____

Physician

Name: _____

Parent/Guardian 2:

Name: _____

Daytime: _____

Evening: _____

Cell: _____

Physician

Phone: _____