INFORMED CONSENT, PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

This form is required for **The Embroiderers' Guild of America ("EGA")** use to obtain approval and consent for Youth Member and/or other participating youth, between 7 and 17 years of age, to participate in an EGA-sponsored seminar, meeting, class or trip (hereinafter "Activity"). It is recommended that parents keep a copy of the form and contact the EGA leader named below in the event of any questions or in case emergency contact is needed. Additional forms are available from chapter membership chairmen and the EGA website: egausa.org

Youth: _____
First, MI, Last Name Nickname Birth date (month/day/year)

Address: _____
(Provide street address if you have a P.O. Box) City State Zip Code Phone

My child ☐ is ☐ is not a Youth Member of EGA

I give my unqualified permission and consent for my child to participate in the following Activity: _____ From: _____ To: _____

Accompanied by: ☐ Parent _____ Allow published photograph (for EGA purposes)

(name & relationship) ☐ Responsible adult _____ ☐ Yes ☐ No

Restrictions: ☐ None ☐ Special considerations or restrictions: _____

Release and Indemnification

I have had an opportunity to ask questions about the above listed Activity, and any questions I have asked have been answered to my complete satisfaction. The nature of the Activity has already been fully disclosed to me and I have had the opportunity to decline participation. I understand that participation in the Activity named above may be governed by various rules or policies of EGA, and if so, I agree that my child and I will adhere to them. I also acknowledge that various hazards and a certain degree of risk are associated with the above Activity. I represent that I have made my own investigation of, and have carefully considered, the risk involved and have given consent for my child to participate in the Activity. I understand that participation in the Activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I further acknowledge and agree that I shall be legally and financially responsible for my child's actions, during my child's participation in any EGA Activity.

I release and waive, and further agree to defend, indemnify, hold harmless and reimburse EGA, its individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as Activity supervisors, from and against any and all loss, damage, liability, and claims arising out of or in any manner related to transportation by or involvement or attendance at any EGA Activity which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, including attorneys' fees incurred by EGA or any of its individual members, directors, officers, employees, agents, volunteers, representatives, etc. in enforcing this indemnity provision without limitation in time or amount, including without limitation, damages or injuries arising out of emergency medical procedures or treatment, if any. I understand this release and indemnification shall survive the end of my child's participation in the Activity referenced on this form.

In case of medical or other emergency involving my child, I understand reasonable efforts will be made to contact me at the phone number listed below. In the event I cannot be reached, for purposes of such procedures and treatments, my child's blood type is ____ and my child has the following allergies or other medical problems (if any) _____.

I hereby give my permission to any medical provider selected by the adult leader in charge to secure proper treatment, including but not limited to hospitalization, anesthesia, surgery, injections of medication, and other reasonably required medical and health care for my child up to the time I am reached. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of my child, follow-up and communication with my child's parents or guardian, and/or determination of my child's ability to continue in the program activities up to the time I am reached. My signature below indicates my understanding and consent to this document, and that of my child. This document shall be binding on the parties, and their respective next of kin, heirs and assigns.

_____ _____
Youth Signature Date

_____ _____
Parent/Guardian PRINTED **NAME and SIGNATURE** Date

_____
Area code & phone number (best contact and emergency contact) E-mail (for use in sharing more Activity details)

Contact the named adult leader with any questions: _____
Name Phone number / E-mail