Media Release

Rotary District 7670
Event: Rotary Youth Leadership Academy April 8-11, 2027

I give my permission for photographs and/or video images taken of me during the RYLA event of Rotary District 7670 on April 8-11, 2027, to be used in any and all media in perpetuity for publicity and promotion of RYLA and its sponsor Rotary Clubs. I acknowledge that my permission here is being relied upon by RYLA for my participation in the RYLA Event.

Applicant's/Participant's Name (type):

Signature of Applicant/Participant (type): _____ Date: _____

As parent or authorized guardian of the Applicant/Participant, I consent to and give my permission for photographs and/or video images taken of him or her during the RYLA event of Rotary District 7670 on April 8-11 2027, to be used in any and all media in perpetuity for publicity and promotion of RYLA and its sponsor Rotary Clubs. I acknowledge that my permission here is being relied upon by RYLA for the participation of the Applicant/Participant in the RYLA Event.

Parent/Legal Guardian Name: (type):

Signature of Parent/Legal Guardian (type): **Date: _____**

Travel Release

Rotary District 7670
Event: Rotary Youth Leadership Academy RYLA April 8-11, 2027

I understand that I must travel to and from the RYLA event of Rotary District 7670 with either my parent or legal guardian or a person over the age of 18 years old, even if I myself am over 18, who has been approved in advance in writing by my Parent/Legal Guardian on this form.

Applicant's/Participant's Name (type): _____

Signature of Applicant/Participant (type): _____ Date: _____

As parent or authorized guardian of the Applicant/Participant, I warrant, consent, and agree that: **AT THE END OF RYLA**: I shall pick up and bring home the Applicant/Participant from the RYLA event of Rotary District 7670 on April 11, 2027 or I give express permission for:

Name: _____ Cell Phone#:_____

Name: _____ Cell Phone#:_____

Name: _____ Cell Phone#:_____

Name: _____ Cell Phone#:_____

All responsible adults whom I trust to pick up and bring home Applicant/Participant from the RYLA event of Rotary District 7670 on April 11, 2027.

I acknowledge that my permission here is being relied upon by RYLA for the participation of the Applicant/Participant in the RYLA Event and I release RYLA, District 7670, and any staffmembers or volunteers from any liability by the Parent/Legal Guardian/or Approved person.

Parent/Legal Guardian Name (type): _____

If an Approved Responsible Person is designated by the Parent/Legal Guardian, then the name and cell phone for the Approved Responsible person (type):

Signature of Parent/Legal Guardian (type):

_____ Date: _____

Medical Questionnaire

Rotary Youth Leadership Academy District 7670 YMCA Blue Ridge Assembly - Black Mountain, NC Thursday, April 8 - Sunday, April 11, 2027

Applicant/Participant Name:
Age::

This form is intended to remind Applicants/Participants, and their parent(s) or authorized guardian, of the seriousness of attempting any outdoor or adventure activity with a pre-existing medical condition or personal safety concern.
Please explain any "Yes" answer

Questions: **Explanation if Yes:**

1. Do you have pre-existing medical conditions? Yes ☐ No ☐
2. Are you taking medications? Yes ☐ No ☐
3. Do you have heart conditions? Yes ☐ No ☐
4. Do you have high blood pressure? Yes ☐ No ☐
5. Do you have allergies (food, bees, insects, medicines)? Yes ☐ No ☐
6. Do you foresee any problem participating in activities due to lack of exercise back home? Yes ☐ No ☐
7. Do you have a disability (physical, intellectual, emotional)? If yes, please indicate the functional implications and any concerns about participation related to the disability. Yes ☐ No ☐
8. Do you feel any pressure or coercion from employer or others to participate in outdoor recreation or adventure activities? Yes ☐ No ☐
9. **Emergency contact:**

Medical Insurance: Is the Applicant/Participant covered by an insurance plan? If yes, please provide the following information.
Plan Name: Group Number:
Insurance Company address:
Name of insured/policy holder: Relation to Applicant:
Policy ID number of policy holder:
Telephone:

I have honestly disclosed any medical, psychological or personal information relating to my personal safety and related health.
Applicant's/Participant's Name (type):

Signature of Applicant/Participant (type): **Date: _____**

Name of Parent/Legal Guardian (type):

Signature of Parent/Legal Guardian (type): **Date:**

INFORMED CONSENT AND LIABILITY RELEASE

RYLA is conducting its **Rotary Youth Leadership Academy (RYLA),** YMCA Blue Ridge Assembly 84 Blue Ridge Circle, Black Mountain NC 28711 on Thursday, April 8 - Sunday, April 11, 2027. Blue Ridge Assembly is located in a natural mountainous terrain. While attention to safety is a primary concern, there are inherent risks while engaging in recreational activities in a natural setting. As with any adventure activity, there is potential for injury. RYLA and the YMCA Blue Ridge Assembly require that all participants sign this informed consent and liability release indicating that they understand potential risks. Parents or Guardians must co-sign for all participants.

1. I understand that adventure activities supervised by RYLA advisors and YMCA Blue Ridge Assembly staff (including instructors, organizers, and facilitators) may include outdoor and indoor climbing facilities, high swing, high and low ropes courses, hiking and other challenging activities. Self-guided recreational activities may include hiking, sports activities and activities designated by a RYLA advisor or YMCA Blue Ridge Assembly staff member. During any of these activities (including activities led by RYLA Coaches and YMCA Blue Ridge Assembly and staff and individual recreation activities) there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. During adventure activities risks include the potential for slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe life-threatening hazards. There will be additional introspective and skill building sessions for the participants to self-reflect as part of a leadership development program.

2. I agree that I am solely responsible for my own participation and for my own physical, mental and emotional well-being. I am aware and understand that all my program activities are strictly voluntary; and it is my own choice to participate in each activity to whatever degree I deem appropriate after due consideration of my own physical health, physical abilities and medical condition. I assume the risk of my choice to engage in any such activities.

3. I acknowledge that my participation in such activities, both self-guided and led by RYLA Coaches and/or YMCA Blue Ridge Assembly staff members, involves known and unanticipated risks which could result in personal injury, permanent disability or even death. I understand that such risks simply cannot be eliminated due to the environment and/or nature of the adventure activities.

4. I willingly and knowingly accept and assume all the risks existing in the program's activities, including any mental, emotional or physical injury including permanent disability or death that may occur during or after participating in any aspect of this program. I hereby agree to hold RYLA and the YMCA Blue Ridge Assembly, and its and their officers, directors, employees, staff and agents, and other participants in the program, ("Released Parties") harmless for any and all liabilities, including but not limited to personal injury, permanent disability, death or loss or damage to personal property, or other claims arising out of my participation in the program, to the fullest extent permitted by law.

Applicant's/Participant's Name (type):

Date: _____

Signature of Applicant/Participant (type): _____

<u>Parent/Legal Guardian Consent for Participant of Minority Age</u>

I certify that as parent or legal guardian of the named Applicant/Participant. I acknowledge that the he or she may, for whatever reason, require medical care while participating in the RYLA program. In such event RYLA or YMCA Blue Ridge Assembly staff members will attempt to contact me. Should any emergency medical treatment become necessary when I cannot be reached, I authorize such care, including surgery, as recommended by the medical care facility and its staff. I further consent and agree to the release as provided above in #4 to all Released Parties for myself and the Participant and our heirs and assigns, and agree to indemnify and hold harmless the Released Parties from any and all liabilities incident to the Participant's involvement in the program, to the fullest extent permitted by law.

Parent/Legal Guardian Name: (type):

Signature of Parent/Legal Guardian (type): **Date:**