

RENESTING PROJECT, INC.

GENERAL UNDERSTANDING AND RELEASE OF LIABILITY, MEDICAL AND MEDIA FORM

Applicant Name: _____ **Date of Birth:** _____

The undersigned agrees to and understands that this form includes the good faith waiving of certain valuable rights in exchange for participation in the Renesting Project, Inc., Bossier City, LA or any other related activity or organization associated therewith. By signing this form I/we acknowledge that I/we are releasing Renesting Project, Inc. and its volunteers of liability for themselves and, if applicable, for the above named individual who is either my natural minor child or minor child in my legal guardianship. I/we recognize that participation in various physical activities involves subjecting oneself and others to risk of injury, and agree to obey the safety standards of the program and the instructions of Renesting Project, Inc. staff, as well as hold all parties free from liability.

Medical Release/Disclosure: _____ **(initial)**

I/we understand that the programs and exercises in this program are voluntary. I/we assume the risk of any and all injuries, which may occur as the result of participating in this program despite any physical and/or emotional conditions identified in this application. Please identify any physical or emotional conditions which might limit or affect participation, or make the applicant susceptible to injury: _____

Authorization for Emergency Treatment: _____ **(initial)**

I/we hereby give permission for myself or the minor named above, to receive emergency medical treatment, including hospitalization, if found reasonably necessary under the circumstances of the injury.

Photo/Media Release: _____ **(initial)**

The undersigned grant Renesting Project, Inc., their officers, employees, agents, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, sound recordings, and print media involving the applicant/participant, for use in materials that the agency, described herein, may compile and distribute. Any photo/media taken by media outlets, not by Renesting Project, Inc., are not under the control of Renesting Project, Inc.

Release of All Claims: _____ **(initial)**

I/we have read this form and are aware of and understand that in consideration of (in exchange for) the right of the applicant/participant to participate in the program(s) noted, the applicant (including themselves, parents, guardians, estate, agents, successors and assigns) agree to indemnify and hold harmless, release and forever discharge, Renesting Project, Inc. and all their officers, employees, agents, successors and assigns from all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise or result from my participation in the above mentioned program or activity including costs and reasonable attorney fees. The terms herein shall serve as a release not only for the program's participant/volunteer but also apply to their heirs, executors, administrators, personal representatives, parents, guardians and for all members of their family. The parties signing this form acknowledge that Renesting Project, Inc. and the other agencies mentioned have relied upon the good faith execution and delivery of this form. The parties signing this form assume the risk of any and all injuries, which may occur while participating in the above referenced program(s).

I/we have read and understand this form and have had an opportunity to ask questions, and freely agree to the terms as expressed in return for participation in the above referenced program(s). If you have any questions call Renesting Project, Inc. @ (318) 747-5520.

ARE YOUR VOLUNTEER HOURS FOR SCHOOL, PROFESSIONAL DEVELOPMENT OR COMMUNITY SERVICE? IF YES, PLEASE LET US KNOW – YOU MAY NEED TO COMPLETE AN ADDITIONAL FORM.

Applicant's Signature

Today's Date

Your Printed Name **PLEASE PRINT!**

PLEASE PRINT LEGIBLY! Address, City, State, Zip Code

(_____) - _____
Your Phone Number

If under the age of 18, signature of a parent/guardian / Date

Your email address

EMERGENCY CONTACT NAME AND PH NUMBER

Signature of Renesting Representative / Date