



RIGHT TO LIFE OF SOUTHWEST INDIANA

YOUTH WAIVER AND RELEASE

Youth Participant's Name: _____

Event: March for Life INDY Trip 2027

Date(s): January 20, 2027

I/We, the parent(s)/guardian(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless Right to Life of Southwest Indiana and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to myself or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that Right to Life of Southwest Indiana, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my personal health and safety while I am at functions/events, engaged in supervised activities, or being transported in association with the event. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES RIGHT TO LIFE OF SOUTHWEST INDIANA PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

I represent that I am at least eighteen (18) years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Printed Name: _____

Signature: X _____ Date: _____