



**LIABILITY RELEASE, PERMISSION TO TREAT IN CASE OF EMERGENCY,
AND PHOTO RELEASE –CHAPERONES AND STUDENTS**

My signature on this form authorizes Hostelling International/American Youth Hostels staff to grant permission to a physician or hospital to perform emergency treatment in case of accident or illness while on a HI-AYH sponsored trip. This authorization applies only in cases where I, as parent or guardian, cannot be reached.

My, and/or my minor child's participation in the Hostel Adventures Program is voluntary and I assume all risks of loss, damage or injury that may be sustained while participating in this program, including the risk of loss, damage or injury to myself and/or my minor child. I agree to indemnify and hold the above parties harmless from any and all claims, demands and/or causes of action seeking damages as a result of my, and/or my minor child's participation in the program, including reasonable attorney fees incurred in the defense of any claim, demand or cause of action.

I hereby grant full permission to use any photographs, videotapes, motion pictures or any other recording of this program, including my, and/or my minor child's likeness and/or voice for any legitimate purpose.

Signature of Parent or Guardian

Date

Name of Participant

School

Street Address

City

State

Zip Code

Home Phone Number

Work Phone Number

Emergency Contact

Phone Number

Name of Physician

Physician's Phone Number

Allergies to foods, insect bites or medications:

Medical History/Current Illnesses:

Medications Currently Taken:

Physical Limitations: