

**Powerhouse Regional Youth Conference**

**Assumption of Risk, Release of Liability and Indemnity Agreement**

In consideration of, (“Participant”), being permitted to participate in the Powerhouse regional youth conference (“Conference”), related events and activities, the undersigned agrees that I, (or if Participant is under 18, “We”, as the parent and/or legal guardian of the Participant,) and on behalf of my heirs, personal representatives, and assigns, agree not to sue and hereby release, waive discharge, hold harmless, indemnify and promise to defend Manchester University, the members of its Board of Trustees, its officers, employees and agents from any causes of action, claims or demands of any kind and nature whatsoever including, but not limited to, claims for negligence or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by, or in connection with, Participant’s participation in any activities related to the Conference, including travel incident thereto.

In the case of an emergency, I/We authorize the Conference staff to obtain whatever medical treatment s/he deems necessary for Participant’s welfare. I/We further understand and agree that I/We will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment.

I/We agree to assume full financial responsibility for any damages that Participant may cause to the facility. I/We agree to provide appropriate transportation if Participant must be sent home for any reason.

By my signature below, I/We certify: that I/We have carefully read all of the provisions of this document; that I/We fully understand their significance; that I/We am voluntarily signing this release; and, that I/We intend to be fully bound by its express terms.

In addition, I give permission for photos of my child attending this event to be used for publicity purposes.

Date: , 2019

Participant’s printed name:

Participant’s Signature (Parent/Guardian if under 18):

Print Name of Parent/Guardian: