



ROTARY YOUTH LEADERSHIP AWARDS (RYLA)
WAIVER AND MEDICAL AUTHORIZATION

STATE OF MINNESOTA
COUNTY OF _____ SS

I/We, _____ and _____, being the natural parent(s)
or guardian(s) of _____

Date of Birth _____ of _____ do
(complete Home Address, including City, State & Zip Code)

jointly and severally agree that _____
(Name of Child)

may participate in the Rotary Youth Leadership Awards Camp (referred to as Camp RYLA) sponsored by the Rotary International District 5580, and in
consideration of participation in this event and on behalf of the above named Child, his/her heirs and representatives, I/We agree to fully and forever release,
discharge, indemnify and hold harmless Camp RYLA, Rotary District 5580, Youth Camp; their agents, representatives, servants, employees, or invites from
any and all claims, demands, damages, causes or rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated,
resulting from or arising out of participation in such camp RYLA.

I/WE FURTHER AUTHORIZE THE CAMP DIRECTOR, THE RYLA CAMP NURSE IN ATTENDANCE, OR ANY OTHER ADULT STAFF
MEMBER TO GIVE ALL NECESSARY CONSENT FOR ANY NECESSARY MEDICAL TREATMENT, INCLUDING DOCTOR'S CARE OR HOSPI-
TALIZATION OR BOTH TO THE SAME EXTENT AS I/WE COULD IF PERSONALLY PRESENT, THAT MAY BE REQUIRED BY THE ABOVE
NAMED CHILD WHILE IN ATTENDANCE AT THIS CAMP, AND AGREE THAT SAID MEDICAL EXPENSES WILL BE INCURRED IN MY/OUR
BEHALF AND I/WE AGREE TO PAY THE SAME.

I/We also acknowledge that I/we have notified the Camp Personnel of any special medical needs or information (SEE REVERSE) required by the
above named child from fully participating in the camp activities.

I/We also understand that all rules and regulations for the camp will be enforced and any violation by my child will result in a collect call to me with
a possible request to come pick up my child with no refunds being given.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

Dated: _____

Our Insurance Company _____
Policy # _____ Group # _____
Address _____

Subscribed and Sworn to before me, a Notary Public, in and for the State of Minnesota, County of _____,
this _____ day of _____, year _____.

Seal

Notary Public

My Commission Expires _____.