

**TWIN LAKES FOOD BANK 2017 PERMISSION SLIP, LIABILITY RELEASE,  
MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT  
PLEASE READ CAREFULLY BEFORE SIGNING**

Participant's name (please print): \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions (e.g., asthma, diabetes, hemophilia, epilepsy, allergies, etc.): \_\_\_\_\_

Medications Instructions \_\_\_\_\_ Type \_\_\_\_\_ Dosage \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Policy No.: \_\_\_\_\_ Group/ID No.: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

I expressly consent to the participant's involvement in all activities and events during the calendar year 2017, including, but not limited to, recreational activities, trips, travel, and activities related to missions. The participant agrees to comply with all rules and policies for each activity and event.

I understand that participation in each activity and event involves inherent and other risks of Injury and Death. In consideration for the participant being permitted to be involved in the activities and events during the calendar year 2017, **I AGREE TO RELEASE** Twin Lakes Food Bank and its directors, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "PROVIDERS") **from all liability, in excess of the applicable limits of any insurance providing coverage to Providers, for injury of any kind, death, and property loss and damage that arises out of or results from the activities and events, including all liability which results from the Negligence of Providers, or any other person or cause.**

I authorize any person connected with Twin Lakes Food Bank or any activity or event to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well-being, at my expense. I authorize the supervisors in the youth department to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expenses of my youth being sent home because of a disciplinary action.

I agree to submit any claim or dispute that arises out of or results from any activity or event or this agreement to mediation and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:** If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_