

Teen Lifeline, Inc.
Waiver, Indemnification and Medical Treatment Authorization Form

In consideration for receiving permission for my/my child's participation in Teen Lifeline, Inc. (herein referred to as "Lifeline"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes Lifeline and their members, officers, directors, servants, agents, volunteers, and employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in Lifeline or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

I agree to indemnify and hold harmless IDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants and third persons as a result of my/my child's participation in Lifeline, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in Lifeline or any event or occurrence related to that participation. As such, I am aware that I should review my personal insurance coverage.

MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional, during my/my child's participation in Lifeline with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if INDEMNITEES have signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as result of sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

By participating in Lifeline, I consent to the taking and use of my image by Lifeline for the purpose of promoting Lifeline.

In signing this agreement, I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed; Lifeline has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for the full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in Lifeline.

SIGNED this _____ day _____, 20____.

Participant Signature _____

Printed Name _____

Participant Date of Birth _____

Parent or Legal Guardian Signature _____

Parent or Legal Guardian Printed Name _____