

**Hugh O'Brian Youth
Consent and Acknowledgement of Risk**

Please send this form along with your check.

Participant: _____

Event/Activities:

Day of Event:

1. In consideration of the right to attend and participate in the Activities described above, the Participant, and, if the participant is a minor, his or her parent or legal guardian) hereby:
2. Agrees to abide by all rules and regulations established by the Hugh O'Brian Youth Leadership (HOBY)
3. Authorizes HOBY or any of its agents to provide, obtain, or authorize reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury or incapacity and hereby accepts the responsibility to pay for such treatment;
4. Grants to HOBY for any purpose connected with promoting the purposes and goals of HOBY, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the participant to HOBY and to use, reproduce, publish and distribute the same;
5. Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds HOBY harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negligence or misconduct;
6. This Consent and Acknowledgement of Risk shall not be amended, supplemented or abrogated without the written consent of HOBY's International Office in Los Angeles, California.
7. The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgement of Risk, and understands its contents.

Date

Signature of Participant

Signature of Parent/Guardian

Name of Parent or Legal Guardian:

Street Address:

City, State, ZIP:

Telephone:
