

Inland Empire Future Leaders Program AGREEMENT & MEDICAL RELEASE FORM

In completing the required medical form, I have provided accurate and complete information about my/my child's medical record (if participant is under 18 years of age).

I hereby authorize Inland Empire Future Leaders Program, its personnel and representatives, to act for me on my/my child's behalf in taking such action and securing and authorizing such treatment as they, or any of them, may deem appropriate with respect to any emergency, accident, illness, or similar circumstance arising in connection with the sponsored activity. I agree that Inland Empire Future Leaders, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment.

I agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by Inland Empire Future Leaders, whether or not such services are covered by insurance.

I agree to release and discharge Inland Empire Future Leaders, its personnel and representatives from any liability or demands that might arise in connection with 1) any accident, illness, or injury, or other consequence or event arising from in connection with my son/daughter's participation in the leadership development, or 2) any cause beyond the control of Future Leaders Program, including but not limited to, natural disasters or civil disturbances.

I understand that the IEFLP Leadership Conference takes place at an altitude of 6000 feet. I further understand that the terrain is mountainous and hilly, requiring some hiking. I understand that at times I/my child will engage in some strenuous physical activity. I am aware that I/my child must take care to stay hydrated, to wear sunscreen, to use insect repellent, and to protect my/their feet by always wearing appropriate footwear (such as tennis shoes). I understand that I/my child may be exposed to typical plants and insects found in a Southern California mountain forest environment.

Participant or Parent/Guardian Name if under 18 Years of Age	Signature	Date	

Revised January 11, 2022