



Liability Release Form

To: The Office of Congresswoman Beth Van Duyne

Event or Activity: Congressional Youth Advisory Council & related activities

I, _____, understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her participation in the event or activity. I release the organization or business names above from all liability, costs, and damages that might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the above named event or activity. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Participant (please print): _____

Signature of participant: _____ Date: _____

Emergency contact: _____ Relation: _____

Contact's phone number: _____

Contact's email: _____

If participant is a minor (under 18)

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____