

P.O. Box 17590  
Atlanta, Ga 30316



Larry Teem, President  
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### ***Liability Release/Permission Form***

Atlanta Youth Project:  
After school programs, God's Farm campground, sports leagues, volunteers

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/ Legal Guardian Name(s) if under 18: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance/Medicaid number (in case of emergency): \_\_\_\_\_

Please list any allergies, physical disabilities, or medical requirements.

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I, being 18 years or older, do for myself (and for or on behalf of my child participant) do hereby release forever discharge and agree to hold harmless Youth Incorporated, d/b/a Atlanta Youth Project, God's Farm LLC, Larry Teem, any and all board of directors, and any partnering organizations and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said is participating in the above described trip or activities. Furthermore, I (and for or on behalf of my child participant) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is given to said trip and travel organizers to furnish and hereby release liability of transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said organizations, its directors, employees and agents, for any liability sustained by said organizers as the result of negligent, willful or intentional acts of said participants, including expenses incurred attendant thereto.

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant permission for him/her to participate fully in said event and hereby give permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

I (we) hereby grant AYP and any partnering organization the right and permission to use photographs, video and/or sound recordings in which participant is involved.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if participant is under 18 years of age):

\_\_\_\_\_ Date: \_\_\_\_\_