

## Teen/Young Adult Registration & Photo Release

Name:	Phone:	Cell
Address:	City:	Zip:
Email Address:	Date of Birth:	
Food allergies, medical or other issues of which staff shou *Continue on back if necessary	lld be aware?	
Emergency Contact Name:	Phone:	
I (We), the undersigned do hereby release, forever discharge, and agreal liability, claims, demands, lawsuits, and expenses arising from perswhich may be incurred or suffered by the undersigned and/or participal furthermore, I (We) hereby assume all risk of personal injury, sick participant's participation in all activities, including recreation and workers in accordance with standard medical practice by appropriate heal all responsibility and consequences that may arise as a result of any is and all financial responsibility as a result of acquiring or providing med	onal injury, sickness, death, or property dam ant while attending activities sponsored by Alaness, death, damage and expenses arising rk activities. I (We) give permission for adminith care personnel. I (We) release AZ ASSIST, injury suffered and resulting treatment. Furt	rage of any nature whatsoever, Z ASSIST, Inc.  from the undersigned and/or histration of emergency medical Inc. and the site organization of
I (We) further hereby agree to indemnify and hold AZ ASSIST Inc. and to volunteers, and agents (the "Indemnitees") harmless from and again including attorneys' fees and expenses sustained by the Indemnitees and/or participants.	nst any and all claims, demands, actions, la	wsuits, damages and liabilities,
Furthermore, I (we) understand that AZ ASSIST and the site organizati with the rules and that any infraction of the rules may result in immed		
If the participant is under 18 or is under the authority of a parent or good behalf of the participant and grants permission for the participant the participant that all rules and regulations of AZ ASSIST Inc. and the s	o fully participate in the sponsored activities	, -
I hereby grant AZ ASSIST, Inc. permission to use my likeness in a pipayment or any other consideration in perpetuity. I hereby authorize a for purposes of AZ ASSIST Inc.'s programs or for any other lawful purpoincluding written or electronic copy, wherein my likeness appears. A related to the use of the photograph. I hereby hold harmless and recauses of action which I, my heirs, representatives, executors, administrated or may have by reason of this authorization. If initialed, I do not	AZ ASSIST, Inc. to edit, alter, copy, exhibit, puose. In addition, I waive the right to inspect on dditionally, I waive any right to royalties or elease and forever discharge AZ ASSIST, Inc. strators, or any other persons acting on my be	blish or distribute these photos or approve the finished product, other compensation arising or from all claims, demands, and behalf or on behalf of my estate
I have read this release before signing below and I fully understand the	e contents, meaning, and impact of this releas	se.
Participant Signature	Date	
Complete this section <b>only</b> if participant above is <b>unde</b>	e <b>r age 18</b> or has a guardian:	
I hereby certify that I am the parent or guardian of the alwithout reservation to the foregoing on behalf of this pe		eby give my consent
Parent or Guardian's Printed Name		
Parent or Guardian's Signature	Date	