



**YOUTH IMPACT PROGRAM  
WAIVER, RELEASE AND INDEMNITY AGREEMENT**

**Full Name of Student** \_\_\_\_\_

I am the student named above or the parent or legal guardian of this student. I understand that I, or my minor child, will be considered for participation in the 2025 Youth Impact Program ("YIP"). I understand that the YIP is a two-week academic and athletic mentoring program which its sponsors will hold at University of Arizona. I understand that the YIP will include academic sessions as well as participation in a sport camp each day of the YIP. I understand that if I am, or my minor child is, selected to participate in the YIP, daily physical activity and contact related to practicing and playing sports will be involved, which is described in more detail below. I also understand that I, or my minor child will be transported by YIP to/from the location of the YIP, meals and snacks will be served to me, or my minor child, and academic instruction will be provided. In return for being considered and selected for participation in the YIP, I agree on my own behalf, and for my minor child, to waive any claims against the YIP, the National Football League, or the University, as described in more detail below.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian of Minor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Initial** **Waiver: IN CONSIDERATION** of permission to utilize today and on all future dates, the services, programs, property, staff, equipment and/or facilities offered by **The Youth Impact Program** (hereinafter "**YIP**") I agree, on my own behalf and on behalf of my heirs, executors, administrators, personal representatives or assignees, that I do hereby release from liability, waive any and all claims against, forever discharge, covenant not to sue, and hold harmless **YIP** its owners, members, directors, officers, employees, coaches, students, volunteers or agents, and other participants in the YIP (hereinafter "**Releasees**") from and against any liability for any and all claims or causes of action for injuries, disability, death, property damage, attorney fees, or any other loss of any kind, including those based upon the negligence of **YIP** and/or **Releasees**, that may arise in connection with participation in the YIP by me or my minor child or any activity surrounding participation in the YIP. I further agree not to sue any of the **Releasees** for any such claim and understand that by signing this Waiver, Release and Indemnity agreement I am giving up my legal right, and that of my minor child to the extent permitted by law, to sue the **Releasees** and/or to seek compensation for any injuries, loss or damages which I or my minor child may incur.

**Initial** **Assumption of Risks:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. **YIP** will provide instruction and direction involving running, jumping, balancing and exertions of strength using various muscle groups, some involving quick movements, speed and change of direction, and others involving sustained physical activity which may place stress on the cardiovascular system. The foregoing and following are intended to be representative but not exhaustive descriptions of the types of risk that may be associated with participation in the activities described herein. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as joint or back injury, concussion, broken bones or 3) catastrophic injuries including paralysis and death. I am fully aware of the risks of unexpected injuries, damage or other loss that may result from my, or my minor child's, participation in the YIP. I freely assume all such risks, known or unknown, including the risk of any negligence by other participants or spectators, any of the organizers or personnel, or any of the other **Releasees**. I agree to abide by all the rules and instructions given to me by a **YIP** or University representative in connection with my participation, or that of my minor child, and to provide accurate and complete information regarding my, or my minor child's, health and physical capabilities as requested by anyone in connection with the YIP. I understand that I am solely responsible for the accuracy of any information I provide and I release all **Releasees** from any liability or responsibility for verifying such information whether provided by me or a third party.

**Initial** **Indemnification and Hold Harmless:** By signing this document, I agree, for myself and my heirs, executors, administrators or assigns to indemnify and save and hold harmless the **Releasees** and each of them from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement with **Y.I.P** and/or the **Releasees** as described herein and to reimburse them for any such expenses incurred.

**Initial** **Severability:** By signing this document, I expressly agree that this waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the State of and that if any portion of this agreement is held invalid, the remainder of the agreement will continue to be in full legal force and effect.

**Initial** **Acknowledgment of Understanding:** By signing this document, I understand and acknowledge that I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including the right to sue the **YIP**, the NFL, . I also understand and acknowledge that I am signing this agreement freely and voluntarily, and intends by my signature below for this to be a complete and unconditional release of all liability to the greatest extent allowed by law. As parent or guardian of the minor, I hereby give my permission for my child or ward to participate, and further agree, individually and on behalf of my child or ward, to the terms above. I grant permission to any representative of **YIP** to act on my behalf in allowing qualified medical personnel, including **YIP** representatives to give needed (emergency) care to my minor child or ward in the event I am not available for immediate consultation.

**Name of Participant:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_



**PARENT/GUARDIAN LETTER OF COMMITMENT**

**Initial** \_\_\_\_\_ I am committed to getting my YIP participant to and from the bus pick up/drop off location, on time, each day of the program dates.

**Initial** \_\_\_\_\_ I have not scheduled any vacation during this time that will conflict with YIP attendance. I understand that this is a free program thus, I will do my part to ensure that my YIP participant receives the full program experience and privilege I fully understand that it is my responsibility to contact a TIP staff member if my participant cannot attend due to illness or other extenuating circumstances.

**PHOTO AND VIDEO RELEASE FORM FOR MINOR CHILDREN**

**Initial** \_\_\_\_\_ I hereby authorize the Youth Impact Program, Inc. to publish any photographs and videos taken of my undersigned minor child, for use in the Youth Impact Program’s printed publications, website and social media sites to include Facebook and Twitter.

**Initial** \_\_\_\_\_ I release the Youth Impact Program, Inc. from any expectation of confidentiality for my undersigned minor child and myself and attest that I am the parent or legal guardian of the undersigned minor child listed below and that I have the authority to authorize the Youth Impact Program to use his photographs and his image in videos.

**Initial** \_\_\_\_\_ I acknowledge that since participation in publications and websites produced by the Youth Impact Program is voluntary, neither my undersigned minor child nor I will receive financial compensation.

**Initial** \_\_\_\_\_ I further agree that participation in any publication and website produced by the Youth Impact Program confers no rights of ownership whatsoever. I release the Youth Impact Program, its contractors and its staff from liability for any claims by me or any third party in connection with my participation or the participation of my undersigned minor child.

**YIP PARTICIPANT HEALTH FORM**

**YIP Participant Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Health:** *Please indicate any of the following that apply to your child*

- |   |   |
|---|---|
| <input type="checkbox"/> Allergy to a medicine, food, animal, or insect toxin             | <input type="checkbox"/> Heart trouble      |
| <input type="checkbox"/> Any condition that may require special care, medication, or diet | <input type="checkbox"/> Diabetes           |
| <input type="checkbox"/> ADHD (Attention Deficit Hyperactive Disorder)                    | <input type="checkbox"/> Fainting spells    |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> Seizures   | <input type="checkbox"/> Other              |

Please explain all of the items checked above (use the rear of this page if needed):

\_\_\_\_\_  
If your child will need to take medications during the day, please contact Program Director for additional required forms. These must be submitted at the same time all other required camps forms are due.

In case of emergency or illness of my child, I acknowledge every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate; or administer necessary antigens or other injections; to perform emergency procedures as necessary; or to refer to duly licensed medical personnel when indicated.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**EMERGENCY CONTACT / YIP PARTICIPANT PICK-UP**

**Emergency Contact / YIP Participant Pick-up:**

- Parents/guardians listed on the YIP Participant Profile form do not need to be listed below.
- If you need to have anyone other than a parent/guardian pick-up your child, a completed and signed Pick-up/Release Authorization Form must be submitted to the DIRECTOR prior to the child’s departure from the program.
- Phone messages and notes provided by the pick-up person at the pick-up point will not be accepted.
- For your child’s protection, we will not make exceptions to this policy.

**Authorized Person(s) for Pick Up:**

As legal, custodial parent/guardian I give the following individuals my permission to pick-up my child:

**PICK-UP AUTHORIZED PERSON**

1. \_\_\_\_\_  
Full Name / Phone (123-123-1234)
2. \_\_\_\_\_  
Full Name / Phone (123-123-1234)
3. \_\_\_\_\_  
Full Name / Phone (123-123-1234)

**EMERGENCY CONTACT?**

- |     |    |
|-----|----|
| YES | NO |
| YES | NO |
| YES | NO |

I understand that neither The University nor any of its representatives can be held responsible for my child once they are under the supervision of the individual listed above. For the safety of the YIP Participant, STAFF MEMBERS may ask the individual listed above to verify their identity by showing an official picture ID (State Drivers’ License, ID card, current passport, etc.) prior to releasing the YIP Participant.

Legal Custodial Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Un-Authorized Person for Pick Up:**

As an additional safety measure, please notify The University in writing if there is someone who should not be allowed to pick-up you child. If an individual is not permitted to pick-up you camper, a copy of the court order must be forwarded to The University’s attention. The following are legally restricted from picking up my child. A copy of a court order is enclosed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal Custodial Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SUNSCREEN AUTHORIZATION**

Please read the following regarding the use and application of sunscreen at University. The below authorization is to be completed and submitted along with all other University Programs Required Forms. Please include one form per camper. If the brand of sunscreen or SPF level changes at any time, a new form needs to be submitted.

**University Camp Programs Sunscreen Policy**

The Department of Health and Mental Hygiene has adopted a new policy regarding the use of sunscreen at youth camps. In order to operate a camp in the state of, we must abide by the policy as outlined below. Thank you.

1. University Camp Programs must obtain written permission from a parent/guardian regarding use and application of sunscreen (see form below)
2. Sunscreen must be clearly labeled with the individual child’s name and must be submitted to University Camp Programs staff at check in along with the Authorization Form the Monday morning of each session
3. Campers should, in most instances, apply sunscreen on their own. If assistance is needed, it will be provided by camp staff **ONLY** if authorized (see below).
4. Campers need to have sunscreen applied to them by the parent/guardian **before** arriving at camp.

**University Camp Programs SUNSCREEN AUTHORIZATION FORM**

**Camper Name (printed):** \_\_\_\_\_

Brand of sunscreen: \_\_\_\_\_ SPF: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Brand of sunscreen: \_\_\_\_\_ SPF: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I give permission for the University Camp Programs staff to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child’s face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child’s front torso or upper legs, but will assist and/or direct the child to do so. In the event a camper does not bring sunscreen to camp and conditions warrant its use, by my signature below I authorize University Camp Programs Staff to use emergency camp supplies of sunscreen. I also understand that repeated use of camp sunscreen may result in an additional charge to camp fees.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name :** \_\_\_\_\_

**OR**

**I DO NOT give permission for** \_\_\_\_\_ **YIP Camp staff to assist in applying sunscreen to my child.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name :** \_\_\_\_\_