

INSIDEoUT CONSENT FORM

(Ages 18 and older)

Please print, complete, scan and email this form and a copy of your insurance card to insideoutamy@gmail.com. If you have questions, or prefer an alternate submission method, please contact Amy Glaser at insideoutamy@gmail.com or 919.923.7884.

PARTICIPANT'S NAME (print): _____ ("Participant")

I understand that the "PHOTO/VIDEO RELEASE," "CARPOOL RELEASE," "VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY," and "MEDICAL CONSENT FORM," apply to all INSIDEoUT/Outside In 180 programs and activities.

Participant's Signature: _____ Date: _____

Please list any important information about your health, medical history or well-being (including food and insect allergies, important behavioral traits, medication and dosage, etc.). Attach explanation if necessary. If none, write "none":

Emergency Contact #1 Name and Relation: _____

Emergency Contact #1 Home Address: _____

Emergency Contact #1 Emergency Phone Number: (_____) _____ - _____

Emergency Contact #1 Email Address: _____

Emergency Contact #2 Name and Relation: _____

Emergency Contact #2 Home Address: _____

Emergency Contact #2 Emergency Phone Number: (_____) _____ - _____

Emergency Contact #2 Email Address: _____

Insurance Company*: _____ Policy #: _____

**Please attach a copy of Participant's insurance card.*

PHOTO/VIDEO RELEASE

_____: Yes, I give permission for recorded images and videos of me, and my name, to be featured on the iNSIDEoUT website at www.iNSIDEoUT180.org for educational and publicity purposes. I release iNSIDEoUT from any and all claims resulting from such use.

_____: No, I do not want images or videos of me or my name posted on iNSIDEoUT's website.

Participant's Signature: _____ Date: _____

VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY

THIS VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY (the "Release") is executed on _____ (mo/day/year), by the Participant identified above in favor of iNSIDEoUT/Outside In 180 and its agents, officers, employees and volunteers (all of whom shall hereafter be referred to as "iNSIDEoUT").

I, _____, do hereby agree as follows:

1. Waiver of Claims. I waive, release and discharge any and all claims of any kind whatsoever I may have against iNSIDEoUT including but not limited to any claim for damages, relief or compensation which I may have by reason of injury, death, property damage or loss of any kind arising out of my participation in any part of iNSIDEoUT's programs, including travel to and from these programs.
2. Indemnify and Hold Harmless. I release, indemnify and hold harmless iNSIDEoUT from any and all claims, liabilities, demands, damages, actions or causes of action of any kind or any character that may arise in any manner by reason of loss, death, injury, damage to person or property or both of Participant or third parties as a result of Participant's participation in iNSIDEoUT, even if such loss, death or injury is the result of negligence on the part of iNSIDEoUT. I expressly agree to indemnify and hold harmless iNSIDEoUT from any claims, losses, costs or expenses of any kind, including attorney's fees which iNSIDEoUT may incur as a result of any lawsuit, claim or demand made by said Participant against iNSIDEoUT.
3. Covenant Not to Sue. I hereby covenant not to sue and agree to never initiate, or be a party to any lawsuit, claim, demand, prosecution or action of law for any damages, relief, or compensation, which I may have by reason of injury, death, damage or loss of any kind relating to the negligence on the part of any or all of iNSIDEoUT arising out of Participant's participation in any part of the iNSIDEoUT program.
4. Scope. I understand and agree that this Voluntary Release of Rights and Waiver of Liability is binding upon my executors, administrators, personal representatives, collectors, heirs, successors and assigns.
5. Severability. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have read this Voluntary Release of Rights and Waiver of Liability agreement, fully understand the terms, and understand I have given up substantial rights by signing it. I sign it freely and voluntarily without inducement. I do hereby certify that I do consent and agree to the terms and full effects of this contract.

Participant's Signature: _____ Date: _____

MEDICAL CONSENT FORM

In the event of accident or injury or other medical emergency involving Participant while participating in an Outside In 180/iNSIDEoUT (which shall hereafter be referred to as "iNSIDEoUT") event where I am unable to consent or am not present:

1. I authorize any adult representative of iNSIDEoUT to act as he/she deems necessary or proper to provide for the health care of my minor child during an accident or injury or other medical emergency.
2. I hereby voluntarily consent to any hospital or other healthcare institution to provide medical care and treatment for my minor child during an accident or injury or other medical emergency.
3. I agree to pay the reasonable cost of medical care or treatment and to indemnify and hold free and harmless of all liability for such cost iNSIDEoUT and its officers and members.

Effort shall be made to contact me before Participant is treated for an accident or injury or other medical emergency, but such treatment will not be withheld if I cannot be reached.

By signing here, I indicate that I have the understanding and capacity to evaluate health care decisions on behalf of Participant and that I am fully informed as to the contents of this document and understand the import of this grant of powers to iNSIDEoUT.

Participant's Signature: _____ Date: _____