



ILLUMAN
INDIANA/MICHIGAN

INDIANA-MICHIGAN ILLUMAN MINOR PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK AND LIABILITY WAIVER

PLEASE READ THE FOLLOWING CAREFULLY.

If you have any questions, have them answered before signing this document.

Youth Drum Building Rite of Passage

Location: DeSales Center, Brooklyn MI

We, the signed parent(s) or legal guardian(s) for the named child below do hereby release, forever discharge and agree to hold harmless Indiana-Michigan Illuman and the representatives thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child/youth in the course of participation for this event. As a part of this Rite of Passage, the youth and adults will be assembling a drum using latex-based construction adhesive using tools such as hot-melt glue guns, manual staple guns, powered staple guns (electric and pneumatic type) and miscellaneous hand tools such as hand planes, hand saws, sanding blocks, utility knives and hammers. All attending youth will be supervised at all times.

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences.

We give authorization for Indiana-Michigan Illuman to provide meals for our child/youth. (Dietary needs and food allergy concerns can be included in your registration)

We give our permission for our child/youth to participate in the activities and for any representative of Indiana-Michigan Illuman to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Moreover, we hereby consent to the use of any videotape, photographs, slides, audiotapes or other visual or audio reproduction in which our child/youth may appear. We understand that these materials are being used for the promotion of Youth Drum Making Rite of Passage.

Photo Consent: ☐ Yes ☐ No

MEDICAL INFORMATION

**IN AN EMERGENCY, THE PEOPLE RESPONSIBLE FOR THIS EVENT SHOULD
KNOW (LIST MEDICAL CONDITIONS OR PRESCRIPTIONS):**

RELEASE FORM

In case of injury or illness, primary contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____ Work Phone: _____

Best time to call: _____

Second Contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____ Work Phone: _____

Best time to call: _____

Please check with your insurance company to determine your coverage for this program and bring your insurance identification card or other policy identification with you.

Insurance Company: _____

Policy Number: _____

Phone number: _____

TRANSPORATATION RELEASE FORM

In the event that a mentor may be the primary driver and transportation for the Rites:

We / I (circle one) give permission for (print mentor name) _____
to participate with our / my son/grandson, (circle one)
(print youth name) _____ in the youth rite of passage
sponsored by Indiana-Michigan Illuman.

We / I (circle one) or (print mentor name) _____,
will transport (print youth name) _____ to the youth rites
and return him home. This includes car-pooling with other adult and youth participants.

In signing this release, I acknowledge and represent that **I have read the above Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily** as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and **I execute this release for full, adequate and complete consideration fully intending to be bound by same.**

Child's/Youth Name: _____

Parent/Guardian Signature: _____

Date: ____ / ____ / ____