

**Arkansas Public Policy Panel/Citizens First Congress**  
**RELEASE OF LIABILITY, MEDICAL RELEASE, MEDIA AND SCHOOL RELEASE FORM**  
(PLEASE FILL OUT COMPLETELY. INITIAL AND SIGN WHERE INDICATED)

**Name:** \_\_\_\_\_  
(please print clearly)

**Date of Birth:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**Family Doctor/Medical Clinic:**

**Name:** \_\_\_\_\_ **phone:** \_\_\_\_\_

Those persons signing this form agree to and understand that this form is a waiver of liability in exchange for participation and/or travel related to any activity or program of the **Arkansas Public Policy Panel and Citizens First Congress**

By signing this form the signatory(s) acknowledges that they are releasing and absolving **Arkansas Public Policy Panel/Citizens First Congress APPP/CFC** and all other parties associated with the organization's activities and/or program associated travel of liability for the above named applicant who is either a participant over the age of 18 or a natural minor child or a minor child in under legal guardianship.

**Medical Release/disclosure:** \_\_\_\_\_ **(initial)**

I/we understand that participation in **APPP/CFC (spell out)** program(s) is voluntary. I/we assume the risk of any and all injuries, which may occur as the result of participating in this program despite any physical and/or emotional conditions identified in this application. Please identify any physical or emotional conditions which might limit or affect participation, or make the applicant susceptible to injury. For our information, please list any medications and dosage that a minor child is required to take.

\_\_\_\_\_  
\_\_\_\_\_  
**Authorization for Emergency Treatment:** \_\_\_\_\_ **(initial)**

I/we hereby give permission for myself or the minor named above to receive all necessary emergency medical treatment, including hospitalization, in the event that I cannot make the decision for myself or the parent/guardian of the minor child cannot be reached at the time that the named minor child requires emergency treatment.

**Photo/Media Release:** \_\_\_\_\_ **(initial)**

The undersigned grant **APPP/CFC**, their officers, employees, agents, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings involving the applicant/participant, for use in materials that the agencies, described herein, may compile and distribute as organizational promotional and/or educational materials.

**Permission to Participate During School Hours: \_\_\_\_\_(initial)**

Please initial this section if your child is under the age of 18 and will be participating with **APPP/CFC** activities during normal school hours. We make every attempt to limit our activities so that they will not interfere with school hours. But in the case of the legislature and some other special events these time conflicts may arise.

**Release of All Claims: \_\_\_\_\_(initial) (LIABILITY RELEASE)**

I/we have read this form and are aware of and understand that in consideration of (in exchange for) the right of the named applicant/participant to participate in the program(s) noted, the applicant (including: themselves, parents, guardians, estate, agents, successors and assigns) agree to indemnify and hold harmless, release and forever discharge, the **Arkansas Public Policy Panel and Citizens First Congress**, all their partner organizations, officers, employees, agents, successors and assigns from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise or result from our child's participation in the above mentioned program or activity including costs and reasonable attorney fees.

The terms herein shall serve as a release not only regarding the named youth/adult participant but also applies to their heirs, executors, administrators, personal representatives, parents, guardians and for all members of their family. The parties signing this form acknowledge that the **Arkansas Public Policy Panel and Citizens First Congress** have relied upon the good faith execution and delivery of this form. The parties signing this form assume the risk of any and all injuries, which may occur while participating in the above referenced program(s).

I/we have read and understand this form, have had an opportunity to ask questions, and freely agree to the terms as expressed in return for participation in the above referenced program(s).

If you have any questions contact **APPP/CFC** organizer **Ana Phakhin at 501-376-7913**.

**Participant's signature:**

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

**Printed Name:**

\_\_\_\_\_

If under 18 the signature of a parent or guardian is required

**Person responsible for youth while attending this event** \_\_\_\_\_

**Parent or guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed parent or guardian's name:** \_\_\_\_\_

**Relationship to participant:** \_\_\_\_\_

**Arkansas Public Policy Panel and Citizens First Congress**  
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