

Hold Harmless Information Sheet

In consideration of the Youth being permitted to participate in a Youth Activity at UMB (“Activity”) and by signing below, I represent that I understand and agree with all of the following:

1. I understand participating in the Activity at UMB involves risks to the Youth which may include exposure to potentially hazardous equipment, chemicals, microbes, infectious organisms, medical waste, pathogens, laboratory animals, radioactive material, and the risk of accidents and injuries.
2. I understand UMB will provide safety training, orientation and supervision for the Activity. At UMB’s sole discretion, UMB retains the right to end the Youth’s participation in the Activity, or to deny the Youth’s access to UMB facilities at any time, for failure to comply with supervision or the requirements of the Activity or UMB policies and procedures.
3. I understand Youth will not be permitted to remain in UMB facilities after normal Activity hours and I will ensure Youth does not remain at UMB during unauthorized hours.
4. I represent the Youth is covered by health and hospitalization insurance and will retain coverage throughout the time of the Activity. While the Youth is engaged in the Activity, I authorize UMB personnel to obtain emergency care for the Youth in the event necessary or advisable. UMB assumes no financial responsibility the Youth’s health care or treatment.
5. I understand the Youth’s participation in the Activity shall not create an employment relationship between UMB and the Youth. [The Youth shall receive no stipend or benefit from UMB for my activities. OR I understand Youth ages 14 – 17 who will be compensated, must have a completed work permit on file with UMB prior to beginning the Activity.]
6. I have consulted with a medical doctor with regard to the Youth’s medical needs. I certify to UMB that there are no health-related problems which preclude or restrict the Youth’s ability to participate in the Activity.
7. If the Youth requires reasonable accommodation for a disability in order to participate in the Activity, I will disclose the Youth’s disability and documentation to the UMB Youth Activity Coordinator (410-706 -1850) at least 10 business days in advance of the Activity to allow compliance with UMB’s procedures.
8. I will provide proof of age and health insurance for the Youth and proof of identity for myself and the Youth prior to the start of the Activity. I am at least 18 years old. I am legally empowered to sign this Hold Harmless and Release Form on behalf of the Youth. Knowing the risks described above, and in consideration of the Youth being permitted to participate in the Activity at UMB, I agree to comply and ensure compliance by the Youth with this agreement. I assume the risks and responsibilities on behalf of the Youth and I hereby release UMB from liability to the Youth, the Youth’s parents or guardians, and heirs and survivors, with respect to any injury, loss, damage, accident, delay or expense arising out of the Activity.