



## Out of Town or State Trip Permission and Liability Release Form

I, being of 18 years of age or older, do for myself, and for and on behalf of my child participant if said child is not 18 years of age or older, do hereby release, forever discharge, and agree to hold harmless MentorKids USA 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 the undersigned and the child-participant that occur while said child is participating in the trip described below.

Furthermore, I and on behalf of my child participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to MentorKids USA volunteer mentor to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify MentorKids USA, its directors, employees, and agents, for any liability sustained as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

It is understood that the child participant will be leaving the Phoenix Metro Area and being transported by a MentorKids Staff or Volunteer Representative, \_\_\_\_\_,  
Name of Volunteer Mentor

To: \_\_\_\_\_  
Trip Destination/Description

Trip Dates: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

### If the participant is not 18 years old or older:

I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in said trip or activity. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs. I also grant permission for MentorKids Staff or Volunteer Representative to obtain emergency medical help for my child should attention be required while I'm unavailable for contact at the below number.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name (if participant under 18)

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Parent/Legal Guardian Signature (if participant under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number