



TRANSFORMING

YOUTH, INC.

EXPOSE, EDUCATE, ENCOURAGE

Child (1)

Child (2) Leave blank if you are enrolling only one child (Type NA if you don't have another child enrolling)

Child (3) Leave blank if you are enrolling only one child (Type NA if you don't have another child enrolling)

Child (4) Leave blank if you are enrolling only one child)

in the activity of attending all Transforming Youth, Inc Program activities such as Van Pickup/Drop-Off, Field Trips and agree on behalf of the above minor(s) to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of

Child (1) List child one from above

Child (2) List child two from above if you are enrolling them (Type NA if you don't have another child enrolling)

Child (3) List child three from above if you are enrolling them (Type NA if you don't have another child enrolling)

Child (4) List child four from above if you are enrolling them (Type NA if you don't have another child enrolling)



6. MEDICAL AUTHORIZATION. In the event of an injury to the above minor during the above described activities, I give my permission to Transforming Youth, INC or to the employees, representatives or agents of Transforming Youth, INC to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on August 31, 2019 and will remain in effect until terminated in writing by the undersigned. Transforming Youth, INC shall have the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
- c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Georgia law.

8. NO DURESS. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Transforming Youth, INC has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

9. ARM'S LENGTH AGREEMENT. This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

10. ENFORCEABILITY. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.



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11. DISPUTE RESOLUTION. The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be submitted to mediation in accordance with any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights and remedies afforded to them by law.

12. EMERGENCY CONTACT. In case of an emergency, please call

_____ (Relationship: _____) at
Emergency Contact Name **Relationship to Child**

_____ (Day), or _____ (Evening).
Phone Number **Phone Number**

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Guardian Signature: _____