



OPERATION PEACE OF MIND
705 S. MILL ST. SUITE 105
LEWISVILLE, TX 75057
PHONE (972) 221-7202
FAX (972)436-5709

**OPERATION PEACE OF MIND YOUTH NETWORK
REGISTRATION AND LIABILITY RELEASE FORM
AGES 10 THROUGH HIGH SCHOOL**

NAME _____ AGE _____ SEX: M F

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: HOME (____) _____ WORK (____) _____ CELL (____) _____

PARENT OR GUARDIAN NAME _____

PARENT OR GUARDIAN PHONE _____

OTHER EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

PREFERRED SESSION Thursday 4pm – 6pm Saturday 10am – 12pm

THE UNDERSIGNED DO HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS OPERATION PEACE OF MIND FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LAWSUITS, AND EXPENSES OF ANY KIND ARISING FROM PERSONAL INJURY, SICKNESS, DEATH OR PROPERTY DAMAGE OF ANY KIND WHATSOEVER WHICH MAY BE INCURRED OR SUFFERED BY THE UNDERSIGNED AND/OR PARTICIPANT.

THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY AND HOLD OPERATION PEACE OF MIND AND THEIR MEMBERS, DIRECTORS, COUNSELORS, EMPLOYEES, AND AGENTS (COLLECTIVELY, THE “INDEMNITIES”) HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, LAWSUITS, AND LIABILITIES, INCLUDING ATTORNEY FEES AND EXPENSES AND COSTS SUSTAINED BY THE INDEMNITIES AS A RESULT OF NEGLIGENT, WILLFUL OR INTENTIONAL ACTS OF THE UNDERSIGNED AND/OR PARTICIPANT.

I, THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, DO HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE FULLY IN ALL ACTIVITIES CONDUCTED/SPONSORED BY OPERATION PEACE OF MIND. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE DIRECTORS/COUNSELORS/EMPLOYEES/AGENTS OF OPERATION PEACE OF MIND TO TAKE SAID PARTICIPANT TO A DOCTOR/HOSPITAL AND HEREBY AUTHORIZE MEDICAL TREATMENT, INCLUDING BUT NOT LIMITED TO EMERGENCY SURGERY, AND I FULLY AND COMPLETELY ASSUME ALL RESPONSIBILITY FOR ALL MEDICAL BILLS.

PARTICIPANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OPERATION PEACE OF MIND YOUTH NETWORK ANNUAL MEMBERSHIP FEE: \$ 10. 00

PLEASE MAKE CHECK/MONEY ORDER PAYABLE TO OPERATION PEACE OF MIND AND MAIL TO THE ABOVE ADDRESS. PLEASE DO NOT MAIL CASH.

PAID: CASH \$ _____ CHECK \$ _____ MONEY ORDER \$ _____

OPERATION PEACE OF MIND IS A NON-PROFIT ORGANIZATION. MEMBERSHIP FEES ARE TAX DEDUCTABLE.