Youth Leadership Authority (YLA)
Hold Harmless Waiver Agreement

This Form must be turned in the first day of PT or you will not be allowed to train
NO EXCEPTIONS

I, _____ am the parent or legal
(Parent/Guardian Name)

guardian of _____, in consideration of YLA.
(Minor's Full Name)

All participants, the City of Henderson, Henderson Fire, Henderson Police, Youth Leadership Authority staff, Youth Leadership Authority volunteers, Youth Leadership Authority Board Members and all its community partners accept freely to participate in all Community Service events and programs by Youth Leadership Authority (hereinafter referred to as YLA) in Southern Nevada from: **January 1st – December 31st, 2025**

I hereby authorize my child to participate in any activities associated with YLA, and all the programs offered by Youth Leadership Authority including, but not limited to: transportation, physical exercise, training, community service and living accommodations. I hereby agree for myself and for my child, our successors, heirs and assigns, and volunteer employees acting officially otherwise, release from all liabilities, claims, demands, actions or causes of action that I, and my child, may have on account of any injury, loss of damage to his/her person or property arising from his/her presence, attendance or participation in Nevada or during training and community service in Southern Nevada.

I also authorize YLA or their agents to render all necessary medical care. This includes, but is not limited to: the procurement and authorization of any and all medical and hospital care and treatment, including major surgery, deemed necessary by a dully licensed physician in any military or civilian hospital, dispensary, doctor's office, medical facility or at any other place, if such treatment or surgery is recommended to be in the best interest of the health and welfare of the child named above, and that every effort will be made to contact me immediately.
I have executed in this agreement, with full knowledge and understanding of its contents and accept all terms for the purposes and considerations set forth herein.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

YLA has put in place preventative measures to reduce the spread of COVID-19; however, YLA **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **participating with YLA could increase** your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending YLA events & activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YLA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YLA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at YLA or participation in YLA programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless YLA, its employees, agents, and representatives, of and from YLA programming, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any YLA programming based on the actions, omissions, or negligence of YLA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YLA programs.

☐ I acknowledge that I am not currently experiencing Covid 19 symptoms and to my knowledge I have not I been in contact with anyone who has had Covid 19.
Initial

_____
PRINT NAME OF PARENT OR LEGAL GUARDIAN

_____ **Date:** _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN

ADDRESS: _____
Street **(Apt or Space #)**

_____
City **County** **State/Zip**

(____)_____ (____)_____
Phone Number **2nd Contact Phone Number**

Email : _____