

**FILMNORTH YOUTH CAMP  
PARENT/GUARDIAN RELEASE AND INDEMNIFICATION**

**Youth Camp Title:** \_\_\_\_\_  
("the Program")

**Program Dates:** \_\_\_\_\_ **to** \_\_\_\_\_  
(Month/Day) (Month/Day) (Year)

**If the PARTICIPANT IS UNDER THE AGE OF 18**, this form must be signed by a parent or legal guardian and delivered to FilmNorth prior to the Participant attending the Program.

In consideration of FilmNorth, a non-profit organization, approving the participation of \_\_\_\_\_ [*print name*] ("Participant") in the Program, I, the undersigned parent or legal guardian, agree for myself, our heirs, next of kin, executors, administrators and assigns to hereby release and forever discharge FilmNorth, its officers, directors, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising, which now or may hereafter be sustained by Participant arising out of or in consequence of the attendance or participation by Participant in the Program.

For the same consideration, I, the parent or legal guardian of the Participant, agree to indemnify FilmNorth, its officers, directors, employees and agents from any claims or demands which might be made against FilmNorth, its officers, directors, employees and agents arising out of or in consequence of the attendance or participation by Participant in the Program.

I am the **parent/legal guardian** [*circle one*] of \_\_\_\_\_ [*print Participant's name*] and declare that I have read and have understood the above Parent/Guardian Release and Indemnification in its entirety and hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which we, our heirs, next of kin, executors, administrators and assigns may have against FilmNorth, its officers, directors, employees and agents.

**Parent/Guardian Name:**

\_\_\_\_\_  
(PRINT) (SIGNATURE)

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, THE ABOVE NAMED PARENT/GUARDIAN SHALL BE CONTACTED. PLEASE LIST BELOW A SECOND CONTACT IF DESIRED.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_