LIABILITY RELEASE FORM: RELEASE OF ALL CLAIMS – ALL BUSES

Name of Activity: 2018 "Movement in Motion" Youth Bus Trip for the annual March for Life to Washington, DC, sponsored by Right to Life -LIFESPAN Educational Fund

Dates of Activity: Thursday, January 18th - Sunday, January 21st, 2018

The undersigned do hereby release, forever discharge and agree to hold harmless Right to Life – LIFESPAN Educational Fund, a Michigan non-profit corporation, hereafter LIFESPAN Ed Fund, 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 and/or participant further agrees to indemnify and hold LIFESPAN Ed Fund, respective members, director, employees, and volunteers (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.

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for my (our) child to participate fully in the March for Life and all of its activities as described in the Registration Form. In the event of a medical incident, if I (we) are unable to be contacted, I (we) hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home at a time other than scheduled due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

This form MUST BE filled out by EACH participant and returned to the LIFESPAN office in Troy by October 31, 2017 (see further details below). If participant is under 18, parent or legal guardian must sign. PLEASE PRINT CLEARLY!

| Printed Name: | Age: Sex: F M |
|---|----------------------|
| Street Address/P.O. Box: | |
| City/State/Zip + 4 digits: | |
| Your E-Mail: Pare | ent's E-mail: |
| Home Phone:You | r cell phone: |
| Parent or Legal Guardian Signature: | |
| Printed Name of Parent or Legal Guardian: | |
| Participant Signature (if 18 or older): | |
| Church/Parish/School/College/Group Name: | |
| Seat with Certain Person (optional): | 1 |
| Date Signed: | |
| Date Signed: | Iman: Dearl Fagelmon |

This form must be submitted with: non-refundable deposit of\$50.00, Check List, Rules of Conduct or Jr./Asst./Chaperone Agreement, Medical Form, Image Waiver, and Bus Pick Up Location Form NO LATER THAN OCTOBER 15, 2017!

Note: If you do not pay the full cost when you register, the final payment is due October 31st – please mark your calendar because you will not receive a notice!