

**The Hearts Center  
Release and Liability Form**

**Only required for minor children (under the age of 18)**

As a participant in The Hearts Center's Summer Youth Retreat in Livingston, Montana, I, individually and on behalf of my minor child, do hereby release and forever discharge The Hearts Center and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense which arises out of, occurs during or relates in any manner to my child's participation in the aforementioned program or any travel incident thereto. I hereby grant permission to the staff of The Hearts Center and any other medical provider or surgical consultant deemed advisable by The Hearts Center, and any hospital or similar facility, to render to the above-named participant any medical, surgical or other treatment that they deem necessary. I understand that The Hearts Center will exercise its best efforts to inform me in the event of such treatment. I, individually, and on behalf of my child and our respective heirs, successors, personal representatives and assigns hereby release and forever discharge The Hearts Center and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense which arises out of or relates in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time.

I hereby agree and consent to the foregoing Agreement on behalf of the minor below.

Name and Age of Minor: \_\_\_\_\_ Age \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_