

**AUTHORIZATION TO PARTICIPATE AND GENERAL RELEASE**

**This must be completed by EACH participant.  
Please keep a copy for your records.**

PARTICIPANT NAME (PRINT): \_\_\_\_\_

I would like for my child to participate in the program (the "program"). I understand that the program's goal is to assist my child in gaining a clearer perspective on life and to develop healthier responses to life's demands. The program is designed to offer a child the opportunity to observe, learn about and redirect a variety of life patterns which may be limiting his ability to know himself and to be more effective. The program is intended to assist the child in gaining greater clarity, discovering more love and joy within, and creating the freedom to experience health and happiness.

The program is offered by D! Life Skills, a Texas nonprofit corporation, Discovery Training Ministries Inc., a Texas nonprofit corporation, and Inspired Steps Inc., a Texas nonprofit corporation (collectively, "Program Provider").

The program endeavors to create a warm and nurturing environment in which program participants will feel comfortable sharing their feelings, experiences and concerns with the group. Many participants have found the experience of sharing with others, followed by experiencing acceptance from others, a meaningful and helpful experience.

Sharing one's personal life experiences with others necessarily entails the risk that other participants in the program will learn personal information about the person sharing. Sometimes sharing personal information can be harmful. The Program Provider is not responsible for any such disclosures or any consequences thereof.

Many people with varying backgrounds participate in the program. Some participants' life experiences have included psychiatric issues, drug use or criminal activity. The Program Provider is not responsible for the acts of any other participants in the program, whether they occur during the program or after it concludes.

The program tries to take maximum advantage of participants' time. While the program does endeavor to establish a caring and nurturing environment, it does involve long hours and can be tiring.

The program is educational in nature. It is not a medical treatment or therapy, nor is it intended to replace any medical treatment or therapy and we do not guarantee any specific results. A child with serious physical or emotional problems should be under the care of a physician or counseling professional. The program does not have staff or facilities to properly care for children who have medical, social, behavioral, or psychological disorders. Accordingly, the Program Provider reserves the right to refuse enrollment to, or to send home, any participant (1) whose condition is, in our judgment at our sole discretion, beyond our capability to provide proper care, or (2) who, in our judgment at our sole discretion, is disruptive, uncooperative or poses a threat to the health or safety of other participants or staff. No refund will be made.

All amounts paid are non-refundable and no refunds are available for absences, dismissals, or withdrawals by the participant.

Photographs and video footage taken of my child as a result of participation in the Program may be used in Program promotional materials without any payment being due.

Parent/guardian Initials:  
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While reasonable precautions are taken to ensure safety of participants, the program may be provided at facilities that may be inherently risky. To illustrate, for example, the program

location may be at a ranch where there would be the possibility of slipping on uneven ground or even being injured by cattle or other animals. Wherever the program location is, there will always be some possibility of bodily injury, disability or death, or mental or emotional distress resulting from an injury or traumatic event. In the event of any injury, it is possible that the Program Provider would need to arrange for medical care or take the child to a medical facility.

Generally, there is a nurse present who may administer medications to the child, if those medications have been prescribed by the child's physician or psychiatrist (see the participant's *Counselor or Medical Authorization* and *Health History* form for the program). The nurse is not a physician or a psychiatrist. The nurse may not prescribe prescription medicine, but may distribute non-prescription medications (aspirin or Advil, for example), at the request of the child.

**I have read and fully understand the Discovery! Teen program information, as well as the information on the preceding page of this Authorization to Participate and General Release.**

**AUTHORIZATION TO PARTICIPATE IN PROGRAM.** I hereby authorize my child to participate in the Discovery! Teen program, and to fully participate in all program activities. I understand the program is not intended for or designed as a substitute for medical care or psychological counseling. I have not enrolled my child in the program as a means of managing physical, alcohol, drug or emotionally related problems. My child understands that he/she is to inform the trainer if at any time he/she experiences any physical or mental discomfort which they consider to be out of the ordinary.

I authorize the program to furnish any necessary transportation, food and lodging to my child. Should it be necessary in the judgment of the Program Provider for my child to return home due to medical reasons, disciplinary action or otherwise, I hereby assume responsibility for all transportation costs.

**AUTHORIZATION AND RELEASE FOR MEDICAL TREATMENT.** My child is in good health and has no medical conditions other than those I have described fully on the Discovery! Teen participant's Counselor or Medical Authorization and Health History form. I hereby give my permission to the program nurse to dispense medications as provided on that form, along with any other medications that have been prescribed by my child's physician or psychologist.

I also give permission for the program nurse to administer over-the-counter medications to my child as needed.

I hereby give my permission to any physician selected by program personnel to order X-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to any physician selected to hospitalize, secure proper treatment, and to order injections and/or anesthesia and/or surgery for my child. I further authorize any physician and/or other healthcare provider to discuss any medical conditions with, or to provide medical records to any other healthcare provider when the medical staff or healthcare provider, in its sole discretion, believes such communication to be in the best interest of the child. I assume the responsibility for all medical bills incurred.

I hereby release the Program Provider and any nurse, physician, psychiatrist or other healthcare provider selected by the Program Provider, at its discretion, to act as my child's designated agent, who shall have the status, power, authority and rights as my personal representative for all purposes as provided in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Pub. L. 104-191), 45 CFR Section 160 through 164 and to release any protectible health information in their possession to any covered entity.

**RELEASE. I FULLY UNDERSTAND AND WILL INSTRUCT MY CHILD THAT: (A) THE PROGRAM MAY BE VERY DANGEROUS AND PARTICIPATION IN THE PROGRAM, INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING**

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PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (B) THESE RISKS AND DANGERS MAY BE CAUSED BY MY CHILD'S OWN ACTIONS, OR INACTIONS, THE ACTIONS OR INACTIONS OF OTHERS PARTICIPATING IN THE PROGRAM, THE CONDITION AND LAYOUT OF THE PREMISES AND EQUIPMENT, AND/OR THE NEGLIGENCE OF THE PROGRAM PROVIDERS, THEIR EMPLOYEES, AND AGENTS (THE "RELEASEES"); (C) THERE MAY BE OTHER RISKS NOT KNOWN TO ME OR THAT ARE NOT READILY FORESEEABLE AT THIS TIME; (D) MY CHILD WILL BE EXPOSED TO DANGER THAT MAY RESULT IN PHYSICAL INJURIES OR DEATH; (E) THE SOCIAL AND ECONOMIC LOSSES AND/OR DAMAGES THAT COULD RESULT FROM THOSE RISK(S) COULD BE SEVERE AND COULD PERMANENTLY CHANGE MY CHILD'S FUTURE. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE RELEASEES FROM ALL LIABILITY TO ME, MY CHILD, MY AND MY CHILD'S PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, AND NEXT OF KIN, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY TO ME OR MY CHILD, INCLUDING, BUT NOT LIMITED TO, DEATH, PERSONAL INJURIES, OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

INDEMNIFICATION. IF, DESPITE THIS RELEASE, I, MY CHILD, OR ANYONE ON MY CHILD'S BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASES NAMED ABOVE, I AGREE TO DEFEND, INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES AND EACH OF THEM FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

VOLUNTARY NATURE. I SIGN THIS AGREEMENT VOLUNTARILY, WITHOUT INFLUENCE OR DURESS, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD.

I HAVE READ THIS AUTHORIZATION, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR MY CHILD WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent/guardian Initials:

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Parent/Guardian (Signature)

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Parent/Guardian (Print Name)

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Date

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Parent/Guardian (Signature)

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Parent/Guardian (Print Name)

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Date