



Please return this form by *April 1* to:  
*Carol Applegate*  
4001 Chesley Ave. Baltimore, MD 21206  
410-426-8287

## Consent & Acknowledgement of Risk Form

(Please type or print legibly)

Participant's Name: \_\_\_\_\_

Event/Activities: HOBY Maryland Leadership Seminar

Dates: 8:00 am Friday May 23 to 3:30 pm Sunday May 25, 2008 Location: Mount St. Mary's University  
16300 Old Emmitsburg, Emmitsburg, MD 21727

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:

- 1) Agrees to abide by all rules and regulations established by Hugh O'Brian Youth Leadership (HOBY);
- 2) Authorizes HOBY or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
- 3) Grants to HOBY for any purpose connected with promoting the purposes and goals of HOBY, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to HOBY, and to use, reproduce, publish, and distribute the same;
- 4) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds HOBY harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negligence or misconduct;
- 5) Agrees to immediately advise in writing the person in charge of the HOBY event and/or HOBY International of any injury, illness, or loss that occurs to the Participant during the event;
- 6) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of HOBY's International Office in Los Angeles, California;
- 7) The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**IF PARTICIPANT IS A MINOR, SIGNATURE OF HIS OR HER PARENT/LEGAL GUARDIAN IS REQUIRED:**

Name of Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE NOTARIZED**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me the undersigned, a Notary Public in and for said \_\_\_\_\_ State, personally appeared \_\_\_\_\_, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged that executed the same.

**WITNESS my hand and official seal.**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_