

REGISTRATION FORM FOR MINORS

ISKCON Youth Ministry Europe Tour 2019

P.O. Box 283, Alachua, FL 32616, USA • Ph: 352-283-4181 • youth@krishna.com

Please fill out this form, read the legal agreement and, if you agree to abide by its terms, sign it in the presence of a notary public who witnesses your signature and affixes his or her notary stamp and seal.

Legal Name of Child: _____

Spiritual Name of Child: _____

Address: _____

City: _____ State _____ Postal code _____

Phone: _____ Mobile: _____

Email: _____ Date of birth: _____
(MM/DD/YY)

Legal Name and Phone Number of Primary Parent or Legal Guardian:

Legal Name and Phone Number of Second Parent:

Basic Rules - We, the below signed parent(s) or legal guardian, understand that in order for our child to be allowed to participate in this travel program, he / she needs to follow the below rules. We have explained these rules to our child and pledge that our child will follow them for the duration of the travel program:

- **Our child will follow the four regulative principles** of no meat eating, no gambling, no intoxication, and no sexual activity of any kind, and will avoid flirting, sexual harrasment and unnecessary physical contact of a sexual nature.

- **Bedtime curfews.** Our child will go to bed at designated times so everyone, including the organizers, gets a good night's sleep.

- **The Buddy System.** Our child will abide by the buddy system. Whenever going anywhere out of earshot of the group and /or organizers, our child will do so in the company of at least two other travel program participants.

- **Our child will help wherever help is needed.** We understand that the organizers volunteer their time for this program, that they don't get paid to do so, and our child promises to help with chores and services as needed.

- **Our child will follow the instructions of the organizers.**

We understand that our child needs to follow the above rules throughout the travel program and that our child is expected to be on his/her best behavior. *We understand that if our child chooses not to follow the above rules, he/she may be asked to leave the program without refund, traveling home at our own expense.*

Release and Hold Harmless Agreement

We, the below signed parent(s) or legal guardian of our minor child named above, are voluntarily registering our child to participate in this travel program operated by ISKCON Youth Ministry Inc., a USA 501(c)3 charitable non-profit organization incorporated in Illinois, operating out of Alachua County, Florida, USA, its organizers, staff, assigns, chaperones and volunteers, hereafter referred to as "the organizers".

We understand that our child will be traveling throughout Europe from July 4, 2019 until August 19, 2019, in a moving vehicle such as a bus, van, car, train or ferry boat, visiting Hare Krishna temples, events and festivals, and participating in activities such as, but not limited to, setting up, performing at, and taking down festivals; cooking and preparing food; doing voluntary service at temples that may include landscaping, cleaning, painting; swimming in oceans, lakes, rivers and near waterfalls; taking public transportation visiting sights in cites; hiking in mountains; camping in wild natural settings. We understand that during these travels our child may be exposed to inherent dangers associated with traveling, such as but not limited to proximity to wild animals and biting insects, deep or fast moving bodies of water, mountain hiking trails near cliffs and steep drop-offs at high altitudes, as well as dangers associated with traveling in cities such as but not limited to proximity to petty thieves, pickpockets, and similar dangers.

We have been informed of the nature and extent of the activities to be performed by our child and the responsibilities of the organizers and their staff during the program, and acknowledge that we are allowing our child to participate at our own risk. The organizers shall not be liable for any damages arising from injuries or illness sustained by our child while participating in any aspect of the program, even if such damages arise out of neglect on the part of the organizers. We assume full responsibility for all illness, injuries or damages sustained by our child, or which result from activities performed by our child, during this travel program.

In consideration of our child's acceptance in this program, we, intending to be legally bound, do hereby waive, release, and forever discharge any and all causes of action, suits, rights and claims against ISKCON Youth Ministry Inc., located in Alachua County, Florida, USA, their staff, officers, directors, agents, successors, and assigns, for damages or injuries or illness sustained by our child while participating in any activities of this program, whether such activities take place on the premises or property of the organizers, or traveling to and from their premises.

We agree to indemnify, defend, and hold harmless the organizers and their staff, officers, directors, agents, successors, and assigns from any and all claims, demands, expenses and liabilities, whether for personal injury, illness, death, property damage, violation of law, or otherwise, which in any way arise out of our child's activities or the activities of the organizers during our child's participation in this travel program.

Medical Release in Case of Emergencies

We hereby give our consent to the organizers, including chaperones Emanuel Kaseder, Jaya Radhe Kaseder, Markandeya Peatross, Sandipani Hume, after reasonable efforts to contact us have failed, to take and to authorize any action the organizers deem necessary to help our child in the event of a medical emergency, including the administration of any treatment deemed necessary by a licensed physician or dentist, and the transfer and admission to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to its performance.

We hereby release and discharge the organizers, its agents, employees and officers, from all claims, demands, actions or judgments which we ever had, now have, or may have against the organization, its successors or assigns, for all injuries or illnesses, known or unknown, which our child may suffer or incur as a result of the actions of the organizers procuring emergency medical treatment for our child.

This release shall be effective as of the date below, and shall remain in force as long as our child is physically participating in the program, unless sooner revoked in writing delivered to an agent of the organization. We understand that we shall be responsible for any and all costs incurred in any emergency medical care or treatment performed on our child, or on our child's behalf, including but not limited to medical evacuation.

Signature of Primary Parent or Legal Guardian Date _____
(MM/DD/YY)

Signature of Second Parent or Step Parent (if possible) Date _____
(MM/DD/YY)

PLEASE WAIT to sign this document in the presence of a notary public (legal witness.)
Attach Stamp and Seal of Notary Public below, and additional notary documents if required: