

**RELEASE, HOLD HARMLESS AGREEMENT,
TRANSPORTATION, RELEASE (Minor Child)**

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We fully understand that our minor child will be transported across state lines to the _____ Treatment Center located _____ at our request and that Phase 4 and its employees have our full authorization to transport our child. We further understand that the transportation of _____ exposes him/her to some risk of personal injury, death or property damage and that at times he may be restrained for his safety and the safety of others. We hereby acknowledge that we are voluntarily asking that our child be transported and that we agree to assume any such risks and assume all responsibility for our child's actions. We hereby release, discharge and agree not to sue Phase 4 its employees or any other person working with Phase 4 including their insurance carrier, the company or officers either personally or as part of the unit for any injury, death or damage to or loss of personal property arising out of the transport of our child _____, from whatever cause, including the active or passive negligence of Phase 4 or its employees or any other participants throughout the transport. We hereby agree, for our child, heirs, administrators, executors and assigns, that we shall indemnify and hold harmless Phase 4 from any and all claims, demands, actions or suits arising out of or in connection with our child's transport to the _____ Treatment Center.

We give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for us, and also permit such treatment procedures to be carried out at, and by the local hospital(s) for us in the event of an emergency.

We understand that any medical expenses will be billed directly to us or our insurance company. We consent to the minor being driven by automobile and transported by air, by a licensed, Phase 4 staff member or volunteer, to or from the Event.

Minor's Name

D.O.B

In Case of Emergency:

Contact:

Relationship:

Home Phone:

Cell Phone:

Please list any allergies or other health conditions:

PARENT/GUARDIAN CONSENT

(required when participant is under 18 years of age)

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AGREEMENT NOT TO SUE, TRANSPORTATION RELEASE, AND FULLY UNDERSTAND ITS CONTENTS.

We are aware that it is a full release of all liability and sign it on my own free will. As parent/guardian of this minor, permission is hereby granted for him/her to be transported by Sterling Group and its employees.

Parent/Legal Guardian Signature _____

Print:

Date:

Parent/Legal Guardian Signature _____

Print:

Date: