

Exhibit # VIII-4.1

SPONSORED PROGRAM AGREEMENT

DATE: _____

NAME OF CHILD / WARD: _____ RELATIONSHIP TO YOU: _____

ADDRESS OF CHILD / WARD _____

PHONE: _____

DATES & TIMES OF FUNCTION/ACTIVITY: _____

LOCATION OF
ACTIVITY: _____

Means of Transportation: _____

RELINQUISH OF CLAIMS AGAINST ORGANIZATION ONLY

I/We recognize and acknowledge that there are risks in my child's/ward's presence and participation in the sponsored program. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against

_____ including any negligence claims on their part and it's officers,

(Organization Name)

agents, employees, representatives or volunteers arising out of the transportation to and/or from the event, or in connection with any claims arising out or caused by any activity my child/ward participates in while attending the sponsored program.

MEDICAL RELEASE

Our permission is hereby given to the organization's representative to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

CHILD / WARD: _____ DATE: _____

PARENT/GUARDIAN (Printed/Typed): _____

DATE: _____ SIGNED: _____

(Parent or Guardian)

(Attached is a copy of my child/ward's current health benefit medical card.)

COMPANY NAME AND TYPE OF PLAN: _____

INDIVIDUAL TO CONTACT IN CASE OF EMERGENCY:

(Name) _____
(Telephone)

FAMILY
PHYSICIAN: _____ PHONE: _____ CITY: _____

ALLERGIES, REACTIONS OR OTHER
COMMENTS: _____

