



PERMISSION/WAIVER FORM

PLEASE PRINT

Name of Student _____

Age _____ BirthDate _____ Grade _____ School _____

Names of parent(s) and/or legal guardian(s):

Parent/Guardian _____ Email _____

Cell _____ Home _____ Other _____

Parent/Guardian _____ Email _____

Cell _____ Home _____ Other _____

Address _____

City _____ State _____ Zip _____

Medical History

1. Does the person have any known physical defect or illness which might interfere with his/her participation in strenuous activity? _____

2. Does the person have any severe allergies or reactions to drugs or medicines? _____

3. Is the person presently taking any medications or on any special diet or exercise restrictions? _____

(Name of drugs, dosage, etc.)

4. Are there any emotional/social disabilities staff need to be aware of? _____

5. Is your son/daughter living with: Both Parents _____ Mother _____ Father _____ Guardian(s) _____

Health Insurance

Insurance Company _____

Policy Number _____ Group Number _____

Other Information

Other information leaders should know about the child participant:

Functions and Activities

It is my understanding that participating in the programs and activities is a privilege and is done so voluntarily. I acknowledge that there are certain risks associated with the activities, including physical injury or even death due to accidents, illness, transportation or other causes. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release and agree to indemnify and hold harmless this organization and its staff, leaders, employees, partners, sponsors, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury, illness or death incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty, also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives, or assigns may have.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I give permission for the Trainer or other professional medical staff to give over-the-counter medications as needed I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment including transporting and hospitalization, if in the agent’s opinion such need arises.. I agree to responsibility of payment for any and all fees and costs arising from the action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay any and all fees and costs for the medical treatment. I give permission to transport the child named above for medical treatment in a non-emergency vehicle in a medical emergency.

Release to use Image and Likeness

On occasion, XL212 and/or its representatives take photographs or make audio or videotape recording of participants involved in activities. Such records may be used by staff and participants for historical recording of activities and to produce resources for future training or promotion. In addition, news or media organizations may report on such events. **I consent to the use** of any such material to be used, distributed, or displayed by agents of the organization. This consent includes but is not limited to: photographs, videotape, and audio recordings.

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this organization. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian Date

Print Name of Parent or Legal Guardian Date

Witness Signature Date