

## Youth Outreach Parental Release and Authorization

Release and Waiver. I, the Parent/ Guardian of \_\_\_\_\_, a minor child, do hereby release and forever discharge and hold harmless the Whitin Community Center and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the above named minor child's participation in any activities with the Whitin Community Center. I understand that this Release discharges the Whitin Community Center from any liability or claim that I may have against the Whitin Community Center with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the above named minor child's activities with Whitin Community Center, whether caused by the negligence of the Whitin Community Center or its officers, directors, employees, or agents or otherwise. I also understand that the Whitin Community Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness Medical Treatment. I do hereby release and forever discharge Whitin Community Center from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the above named minor child's activities with the Whitin Community Center or with the decision by any representative or agent of the Whitin Community Center to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

Photographic Release. I do hereby grant and convey unto the Whitin Community Center all right, title, and interest in any and all photographic images and video or audio recordings made by Whitin Community Center during the above named minor child's activities with the Whitin Community Center, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

### **Parental Authorization for Treatment of a Minor Child.**

#### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I grant my authorization and consent for Agents of the Whitin Community Center (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X- ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

**It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.**

In order to participate in our Youth Outreach Program this form must be completed and signed by the child's parent /guardian.

Date: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_