



# YOUTH PROGRAMMING

## STUDENT RELEASE & EMERGENCY INFORMATION

PRINT Student Name (first, middle initial, last): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Camps/Dates Student is Attending: \_\_\_\_\_

### FOR PARENTS:

I \_\_\_\_\_, as the parent of/guardian of \_\_\_\_\_ undersigned, as the parent/guardian release my child to attend the "CAMPS/DATES" as described above.

By signing below, I agree that all requirements, directions and standards set by the staff, use of any equipment or supplies under the supervision of the staff, shall be deemed to have been accomplished for the benefit of my child participating in the aforementioned youth program. I also grant permission for any pictures taken containing my child may be used for future promotional purposes. Considering HACC's efforts on my behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or lost to my property that may arise out of my participation in aforementioned youth program and further release HACC, its Board of Trustees, officers, employees and agents associated or connected with the aforementioned youth program from every claim, liability or damage of any kind caused by negligence of HACC, its Board of Trustees, officers, employees or agents involved or otherwise that may result from my child's participation in the aforementioned youth program.

I assure HACC that there are no medical, physical or other reasons that preclude my child from participating in the aforementioned youth program. I authorize HACC to obtain such medical care, emergency or otherwise, that it may, in its sole discretion, deem necessary for my child. Further, I assure HACC that I have adequate Health insurance or personal funds to provide payment for all costs of medical care necessary for my child. I agree to indemnify and hold harmless HACC for any costs associated with such care.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR STUDENTS:

By signing, I agree that I \_\_\_\_\_ am a minor under the age of 18. Although a minor, I along with my parent(s)/guardian(s) are aware of the risks involved with participating in the aforementioned youth program. I understand that as a student, participating in the aforementioned youth I am required to follow all rules, policies, and standards set by HACC youth program staff for my safety and well-being, as well as the safety and well-being of other students, staff, and volunteers. By signing, I understand that failure to follow or violation of said rules, policies, and standards set by HACC youth program staff may result in immediate dismissal.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contact Information ... in the event an emergency occurs during youth programming, please contact:

Please Print Name:	Work/Home Phone:	Cell:
Please Print Name:	Work/Home Phone:	Cell:

### Medical/Allergy Information .. please list any medical or allergy information for which staff should be aware:

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