

I Am Change Outreach Waiver & Parental Consent Form Emergency Medical Release and Liability Waiver

Participant's Name _____ Birth Date _____

School Currently Attending _____ Grade _____

Address _____ City _____

Zip Code _____ Participant's Home Phone # _____ Participant's Cell Phone # _____

Participant's E-Mail _____ Family E-Mail _____

Emergency Information

Mother's Name _____ Home # _____ Cell/Alternate # _____

Father's Name _____ Home # _____ Cell/Alternate # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship _____

Home# _____ Cell#/Alternate # _____

Name _____ Relationship _____

Home# _____ Cell#/Alternate # _____

HEALTH CONCERNS (Please identify any allergies (to include foods), health problems, medications, or other health concerns):

Family Physician: _____ Phone # _____

Dental Provider: _____ Phone# _____

Medical/Hospital Insurance Company _____ Grp# _____

Policy Holder's Name _____ Policy # _____

Additional Information that May Be Helpful _____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER

I Am Change Outreach and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "**I Am Change Outreach**" and/or **IACO**"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with **I Am Change Outreach** and all related activities associated with the **I Am Change Outreach**, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF **I Am Change Outreach** allowing me or my child to participate in events, activities, travel or all other related activities associated with the **IACO**, including participation in the *Zero Waste program* from September 3, 2022 through

December 16th, 2022 inclusive, and all activities related to the *Zero Waste program* (collectively referred to as the "**Activities**"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the **Activities** including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF **I Am Change Outreach** allowing me or my child to participate in the **Activities**, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the **Activities**.
2. **TO WAIVE and RELEASE I Am Change Outreach** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS I Am Change Outreach** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS I Am Change Outreach** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the **Activities**.

YOUTH PARTICIPATION CONSENT

Acknowledgment of Participant.

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the **I Am Change Outreach**, and to obey requests to comply with safety regulations as directed by the persons in charge of the **I Am Change Outreach**, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from **I Am Change Outreach** activities. At all **I Am Change Outreach** activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the **I Am Change Outreach** or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as **I Am Change Outreach** deems necessary.

Acknowledgment of Parent or Guardian of Participant.

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the **I Am Change Outreach**, including any use of private or public transportation deemed necessary by the persons in charge of the **I Am Change Outreach** for Participant travel to and from **I Am Change Outreach** activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a **I Am Change Outreach** activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the **I Am Change Outreach**. We also understand that the participant may be photographed or appear in video for such purposes as the **IACO** deems necessary.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from and including _____ to and including _____

Signature of Parent or Guardian Date
(if Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date