



YOUTH PARTICIPANT CONSENT AGREEMENT

Participant's Name: _____

This consent agreement has been signed only after understanding and considering the following:

Event Planned: Social Event at Xtreme Wheels

Dates & Times: February 21st; 6:00 p.m. - 9:00 p.m.

Purpose of Trip: Volunteer Opportunity

Supervisor(s): Mr. Willie Tunstall

Transportation/Location: Parents/guardians are responsible for participants drop-off and pick-up at Xtreme Wheels Roller Skating Center, 691 S. Virginia Rd, Crystal Lake, IL 60014

Expectations and instructions:

I understand that I am expected to adhere to the following guidelines provided by my advisor:

- Follow all instructions from the advisor(s).
- Demonstrate good citizenship, decorum, and courtesy at all times.
- Do not leave the premises without authorization and accompaniment by an advisor.
- Comply with all Tailoring Youth to Succeed (TYS) rules, including prohibitions on drugs and alcohol.
- Obey all public laws, ordinances, and traffic regulations.
- Participants should bring their own money for food and beverages.

I agree to conduct myself in a way that positively reflects on myself, my family, my community, and my fellow participants throughout the trip. I pledge to adhere to all instructions and rules set by the leaders, chaperones, or others in authority and follow the policies, laws, and regulations of Tailoring Youth to Succeed (TYS) and any facilities we visit during the trip.

I understand that any serious violation of the rules of conduct may result in my removal from the trip or activity. My parents/guardians or I are responsible for any additional costs incurred. Furthermore, I acknowledge and agree to reimburse TYS for any additional expenses incurred as a result of my conduct or behavior within 15 days of returning from the trip or activity.

I request that I (participant's name) _____ be permitted to take part in the social event and explicitly consent to my participation.

Suppose any medical procedures or treatments are needed during the trip. In that case, I consent to the event supervisor(s) taking, arranging, or consenting to these procedures or treatments at his/her discretion. I release and waive, and further agree to indemnify, hold harmless, and reimburse TYS, its individual members, agents, employees, representatives, and event supervisors from any claims that I, any parent or guardian, any sibling, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with my participation in the trip or the rendering of emergency medical procedures or treatments, if any. I understand that I am responsible for the payment of any such treatment.

IN CASE OF EMERGENCY CONTACT:

Name: _____ **Any chronic medical condition** Yes ___ No ___

Address: _____ **I have been diagnosed with:** _____

Phone # _____ **Are you currently taking any prescribed medication?** Yes ___ No ___

Relationship to Participant: _____ **I am taking** _____

Any special instructions/limitations regarding medication

Allergies or a history of allergic reactions to

Foods

Medications

By signing this agreement, you permit Tailoring Youth to Succeed (TYS) to use photographs or media featuring your child for marketing, promotional, and social media purposes.

Participant's Signature: _____

Street Address, City, State, Zip: _____

Cellphone: () _____

Date: _____

Parent or Guardian Signature (if minor): _____

*Participants under 18 must have a parent or guardian sign this form. **Participants with disabilities needing special accommodations should notify TYS in writing if these accommodations are required.