

Release and Indemnification Agreement

Youth Information

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____

Parent/Guardian Information

Name(s) _____
Home Phone _____ Cell Phone _____

Medical Information

Health Insurance Provider _____
Policy Number _____ Date of Last Tetanus Vaccination _____
Allergies/Medical Conditions _____

Doctor's name _____ Phone _____
Preferred Hospital _____

Permission/Release

I certify that my child is in good health, free from communicable disease, and able to participate in all activities. I give permission to treat my child for routine medical care. In case of emergency, I give permission to the physician/hospital selected by **The Well-TreeHouse staff** to hospitalize and/or secure proper treatment for my child as named above. I voluntarily agree to assume all risks related to my child's participation in this program, trips and activities. I hereby release and hold harmless **The Well-TreeHouse** from any loss, liability, damage or costs including medical, court costs, and attorney fees that may be incurred due to my child's participation in this program. It is my intention to release **The Well-TreeHouse** from all liability or responsibility for personal injury, property damage or wrongful death as a result of my child's participation or as a result of the negligence of the released parties, whether passive or active.

AGREEMENT TO TRANSPORT

I authorize my student to ride in **The Well-TreeHouse** vehicle when transport is needed. I understand that **The Well-TreeHouse staff** may need to send a student home as a result of illness or discipline problems. I understand if my child is dismissed from the program, trip, or activity, he/she will be transported home at my expense. (**The Well-TreeHouse staff** will attempt to contact the parent or guardian to arrange such transportation.)

MEDIA PERMISSION

I also give permission to **The Well-TreeHouse** and anyone authorized by **The Well-TreeHouse** to use my child's likeness and/or voice for future representations of **The Well-TreeHouse** programs.

Parent/Guardian Signature _____

Printed Name _____ Date _____

