Community Solutions Inc.
Cuts & Cast Program

Registration & Consent Form

Please complete this form before participating in the Cuts & Cast program.

Participant Name: _____

Age: _____

Event Date: _____

Parent / Guardian: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Medical Information

Please list any allergies, medications, medical conditions, or other information we should know.

_____

_____

Consent & Acknowledgment

I certify that I am the parent or legal guardian of the participant listed above and give permission for my child to participate in the Cuts & Cast program operated by Community Solutions Inc. I understand the program may include fishing, outdoor recreation, mentoring, barbering demonstrations, and educational activities. I recognize these activities involve ordinary risks, including slips, falls, fishing hooks, fishing equipment, weather, and other outdoor hazards. To the fullest extent permitted by law, I release and hold harmless Community Solutions Inc., its Cuts & Cast program, officers, directors, employees, volunteers, sponsors, partners, and event staff from claims arising from ordinary negligence. This release does not apply to gross negligence or willful misconduct. I authorize emergency medical treatment for my child if I cannot be reached.

Media Release

I authorize Community Solutions Inc. and its Cuts & Cast program to photograph and/or record my child for educational, promotional, fundraising, website, social media, and other nonprofit communications without compensation. If I do not grant permission, I will notify Community Solutions Inc. in writing before the event.

Parent / Guardian Signature: _____ Date: _____