



## WAIVER AND RELEASE OF LIABILITY

Revised January 2016

All information on this application is confidential and is treated as such by the SCYC staff. Personal information will only be used to ensure the safety of the participant or as a compilation of group data for grant-writing purposes.

I, \_\_\_\_\_ as parent or guardian (*circle one*)

of \_\_\_\_\_ (*print child's name*), represent to School Community Youth Collaborative; A Program of Onward! A Legacy Foundation, that I have the authority to give permission and release liability for any mental, emotional, or physical injuries and/or death that might occur to said child while participating in a School Community Youth Collaborative program.

The undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and un-known, even if arising from the negligence of the releasees or others, and assume full responsibility for my child's participation, and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless School Community Youth Collaborative; A Program Of Onward! A Legacy Foundation, their officers, officials, agents, volunteers and/or employees, other participant sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Date signed: \_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Emergency Phone #

**In order for SCYC to receive certain grant funding, please answer the following personal financial status question:**

**My child receives free or reduced lunch at school. \_\_\_\_\_ Yes; \_\_\_\_\_ No**

**\*EMERGENCY MEDICAL CONSENT**

I give / do not give (*circle one*) consent for SCYC representative to obtain appropriate emergency medical or dental attention for \_\_\_\_\_ (*child's name*), if such attention is required while I am unavailable for contact.

Name of primary care physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I understand that I will be responsible for any costs associated with any appropriate emergency medical or dental attention that is provided for my child/ward while I am unavailable for contact.

X \_\_\_\_\_  
(Parent/Guardian Signature) Date signed

**PHOTO PERMISSION AND WAIVER**

I give my permission for my child's picture and/or likeness, including video or audio recording, to be used by School Community Youth Collaborative for the purpose(s) of marketing, recruiting and/or public relations.

I agree to waive, release and hold harmless School Community Youth Collaborative and/or affiliated staff, volunteers and board members from any liability for the use of pictures and/or likeness, including video or audio recording, photographed or otherwise acquired by persons other than School Community Youth Collaborative staff, volunteer or board members.

X \_\_\_\_\_  
Signature of Parent or Guardian Date signed

**YOUTH PARTICIPANT AGREEMENT**

I understand that participation in an SCYC Program is voluntary. I agree to participate to the best of my ability in all activities and to obey all safety rules for each activity. I understand that misbehavior, rude language and gestures, disrespect to fellow participants, staff or contractors may cause me to be dismissed from the program. I agree to abide by the following rules while participating:

I WILL

- 1) HAVE FUN AND ENJOY MYSELF!
- 2) Notify an available staff member if at any time I feel uncomfortable with any portion of the Program.
- 3) Respect those around me. Horseplay and rowdiness are unacceptable.
- 4) Be liable for any damage I cause to the equipment or facilities where we are meeting, no matter how big or small it may be. NO EXCEPTIONS!
- 5) Not use alcohol, drugs, smoking or chewing tobacco and other illegal substances. The use of any of these will result in immediate dismissal from the Program.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_