

The Alter Permission And Waiver Form

I _____, the parent of _____
("my child"), give permission for my child to attend:

The Alter Services & Community Service Projects/Discipline & Self Defense Class

I understand that personal injury can and may occur to my child, and I hereby authorize Bernard Washington Jr, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release The Alter, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

I give permission for my child to ride in any vehicle designated by The Alter, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of The Alter, properties visited on outing, other's personal property, or vehicles used for transportation.

I hereby consent to the use of photographs/videotape taken during the course of time my child spends in service with The Alter for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge, consent and waive all claims for compensation for use or for damages.

I agree and consent to all of the above stated. (Password: _____)

(Parent Signature) (Date)

(Emergency Contact Name and Phone Number)