



## Permission/Media/Medical Waiver

Name (please print) \_\_\_\_\_

Parent(s) and/or legal guardian(s) of participant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent's Cell (\_\_\_\_) \_\_\_\_\_

Participant's Cell (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

School \_\_\_\_\_ Parent Email \_\_\_\_\_

Participant's Email \_\_\_\_\_ Parent Email \_\_\_\_\_

### Functions and Activities

It is my understanding that participating in the programs and activities of BRIDGES TRAINING FOUNDATION is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### Release of Liability

By signing this Permission/Waiver Form, I expressly assume all risks of the participant participating in the activities, whether such risks are known or unknown to me at this time. I further release BRIDGES TRAINING FOUNDATION and its administration, leaders, employees, volunteers, and agents from any claim that the aforementioned participant or I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the participants or my family or estate, heirs, representatives, or assigns may have against BRIDGES TRAINING FOUNDATION or its administration, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless BRIDGES TRAINING FOUNDATION and its administration, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness during such activities.

### First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the participant named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of BRIDGES TRAINING FOUNDATION to seek and secure any needed medical attention or treatment for the participant named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

### Special Events and Field Trips

I understand that the participant named above may be participating in local service projects and corporate internships during the BRIDGES TRAINING FOUNDATION program. I understand that during this period my ward may take part in activities such as: minor yard work, cleaning, painting, and other activities consistent with the purposes of their vocational development.

**Informational Notes**

All drivers must be 21 years of age with a good driving record. All drivers of the company vehicles must be 21 years of age with a good driving record. While we understand that in some isolated instances an older participant may drive themselves to and from the aforementioned activities, we will not give any participant permission to ride home with any other participant; this must come from the parents/guardians themselves in writing.

**Health Insurance Information**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

**Other Information**

Other information leaders should know about the child or adult participant:

**Authorization for Media Release**

BRIDGES TRAINING FOUNDATION may post a photograph and/or video of my ward on the charity’s website or use a photograph of my ward in their publications. I understand that photos will not be labeled with names.

I ask that BRIDGES TRAINING FOUNDATION not post photographs and/or videos of my ward on the charity’s website or use a photograph of my ward in their publications

I represent that I am the parent/guardian of \_\_\_\_\_, I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the participant named above to participate in the activities of BRIDGES TRAINING FOUNDATION, including any special events/activities described above. In consideration for allowing the participation in the BRIDGES TRAINING FOUNDATION activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the ward, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_