# Western Michigan and Northern Indiana Division
# PERMISSION/WAIVER FORM | Youth Night 2016 - 2017

Name of Participant *(please print)* _____

Parent(s) and/or legal guardian(s) of participant _____

Address _____
*Street* *City* *State* *Zip*

Home Phone (_____) _____ Work Phone (_____) _____

Age of Child _____ Birth Date _____ Academic Grade _____

**Functions and Activities**
It is my understanding that participating in the programs and recreational and other activities of The Salvation Army 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, and 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 warrant that the participant named above is capable of withstanding both the physical and mental demands of the activities discussed below. I also expressly assume all risks of the person participating in the activities, whether such risks are known or unknown to me at this time. I further release The Salvation Army and its staff, volunteer, and agents from any claim that the participant 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 include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the participant's family, representatives, or assigns may have against The Salvation Army or its staff, volunteers, or agents.

I further agree to indemnify and hold harmless The Salvation Army and its staff, volunteers, or agents from any and all claims arising from the participant's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**Sickness Policy**
The Salvation Army is not designed or equipped to handle ill children. If your child becomes ill while at Youth Night, our leaders will make your child comfortable in an area away from the other children. Our leaders will then contact you (the parent) or one of the individuals you have authorized to pick up your child. I understand that in addition to this I am not to send my child to Youth Night if they are contagious or have stayed home from school on the same day. This is for the protection and care of my child as well as others.

**Special Events and Field Trips**
I understand that the individual named above will have the opportunity to participate in The Salvation Army Youth Night**.** I understand that during this period my child/ward may take part in activities consistent with the purposes of the program.

_____
*Parent/Guardian Initials*

**Young Person's Agreement for Salvation Army Activities**
I agree to participate in the functions and activities of The Salvation Army, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in Salvation Army activities depends on my support of this agreement.

_____ _____
Signature of Participant Date

**Complete if the Participant is a Minor**
I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of The Salvation Army, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of The Salvation Army, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, 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 Date

_____ _____
Signature of Witness Date

**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 The Salvation Army to seek and secure any needed medical attention or treatment for the person 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.

_____
*Parent/Guardian Initials*

**Publicity**
On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in The Salvation Army publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of The Salvation Army see fit. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

☐ **GRANTED** ☐ **DENIED** *(If denied, please attach a photo of your child so that we may identify them when taking photos)*

_____
*Parent/Guardian Initials*

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

_____

_____

_____

**Health Insurance Information**

Insurance Company: _____

Policy Number: _____

Phone Number: _____

Medical Doctor: _____

**Emergency Contacts**
Names of persons and telephone numbers to call in case of an emergency:

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Parent/Guardian | Home Phone | Work Phone |
| _____ | _____ | _____ |
| Additional Emergency Contact | Home Phone | Work Phone |