



The Salvation Army Permission/Waiver & Medical Release Form.

PLEASE PRINT

Child's Name _____

Parent(s)/Legal Guardian(s) of Child #1 _____ #2 _____

Parent's/Legal Guardian's email address _____

Address (Street) _____ (City) _____ (State) _____ (ZIP) _____

Age of Child _____ Birth Date _____ Academic Grade _____ School _____

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

Emergency contact person _____ Phone (_____) _____

Relationship to Child _____

Medical History

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

Medical Insurance Information

Medical Insurance Company _____ Policy # _____

Phone # _____ Medical Doctor _____

Signed _____

Parent/Guardian _____ Date _____

Other information

Please list any other information that you believe is necessary for The Salvation Army and its leadership in order to keep the child and all other participants in the program/activity safe from harm.

Functions and Activities

I acknowledge that participating in the programs and recreational and other activities of The Salvation Army incurs certain risks associated with these activities, including by way of example, physical injury, illness, or even death due to transportation and activity-related accidents. I acknowledge that there may also be other risks in these activities that I am not presently aware.

Release of Liability

By Signing this Permission/Waiver/Medical Release Form, I expressly warrant that the child named above or I (if I am a participant)

am capable of withstanding both the physical and mental demands of The Salvation Army Program/Activity that is attended (program/activity stated above.) Whether such risks are known to me at this time I further release The Salvation Army and its staff, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred during the course of the 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 of that members of the child's family or estate, heirs, 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 volunteers, or agents from any and all claims arising from the participation in the programs/activities, or as a result of injury or illness of my child during such activities.

Special Events and Trips

I understand that the child named above will be attending _____

Publicity

On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and or adults involved in 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.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where that child named above or I, if I am a participant, 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 medical attention or treatment named above or for me, if I am a participant, including hospitalization if in the agent's opinion such a need arises. In doing so I agree to pay all fee's and costs arising 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.

Final Statement

I hereby agree to participation in the above stated programs and activities of The Salvation Army Program, I hereby consent to the Permission/Waiver Form, including the Release 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

Witness Signature _____
Date