

Parental Consent Form

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

I (we) the undersigned parent(s), legal guardian(s) of _____, a minor, do hereby release, hold harmless and discharge Columbus Relief, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my (our) child's participation in this outreach. I waive such claims against the organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I (we) authorize treatment of my (our) child by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary. This consent form will remain effective in route to, during and in route from the outreach site(s).

I (we) the undersigned parent(s), legal guardian(s) of _____, a minor give permission for my (our) child to participate in all activities offered during this event. I (we) are aware that there are inherent risks involved in participating in this event. I understand that all participation in this program is by choice.

Guardian Name _____

Relationship _____

Telephone: Home _____ Work (____) _____

Doctor's Name _____ Telephone _____

Health Plan Carrier _____ Policy Number _____

Hospital Preference _____

Signature of parent or legal guardian

Date