



Parent/Guardian Waiver & Release for Minor Participation
Cardboard Box City – September 26-27, 2009

Please print in ink:

Effective Dates: _____ to _____

Name (Last, First, Middle) _____ Age _____ Birthdate / / _____

Year in school _____ Male _____ Female _____ E-mail _____ @ _____

Address _____

Mother's Name _____ Home () _____ Work () _____

Father's Name _____ Home () _____ Work () _____

Emergency Contact _____ Home () _____ Work () _____

Medical Insurance Company _____ Policy # _____

Does your child have allergies to:

_____ Pollens _____ Medications _____ Food _____ Insect Bites

Does your child suffer from or has ever experienced, or is being treated currently for any of the following:

_____ Asthma _____ Diabetes _____ Heart Trouble _____ Epilepsy/Seizure Disorder

_____ Other _____

Date of last tetanus shot _____ / _____

The undersigned _____ (name of parent/guardian), the parent and natural or legal guardian of the above minor hereby represents that he or she is, in fact, acting as such capacity and AGREES TO DEFEND, HOLD HARMLESS, AND INDEMNIFY FAMILY PROMISE OF EAST SAN FERNANDO VALLEY AND ANY OF ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES (COLLECTIVELY, "FAMILY PROMISE"), FROM ALL LIABILITY, LOSS, OR HARM THAT MAY OCCUR BY REASON OF THE MINOR'S PARTICIPATION IN THE CARDBOARD BOX CITY EVENT. BY MY SIGNATURE BELOW, I ACKNOWLEDGE AND AGREE TO THE ABOVE, THE WAIVER AND RELEASE SIGNED BY THE ABOVE MINOR, AND TO PERMISSION FOR MEDICAL ATTENTION SET FORTH BELOW.

I further give Family Promise permission to seek whatever medical attention is deemed necessary, and release Family Promise of any liability against personal losses of the above minor. In the event that the above minor is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Family Promise, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the above minor.

Parent Name _____ Parent Signature _____

Date _____