



Activity/Event _____ Date: _____

Activity Permission/Release

I, the undersigned, in consideration for the participation of my son/daughter in this activity, do hereby waive, release and forever discharge 18 South Youth Center, their agents, employees and anyone else connected with this activity from any and all harm resulting from injuries sustained as a result of my son/daughter's participation in this event. I also grant the right to consent and administer all medical services that may result from injuries during participation, including emergency and referral if necessary.

In the event of an emergency the parent(s) or person designated will be contacted as soon as possible.

Name of student

Signature of Student

Signature of Parent/Guardian

Phone Number: _____ Date: _____

Please list any allergies, medications or medical conditions that we should be aware of:

