Permission and Liability Release

Please complete the following:

Child Name_____ Age_____

Street Address_____

City_____ State_____ Zip_____

Name of Parent/Guardian_____

Phone Number_____

Emergency Contact Information:

1.Name:_____

Phone:_____Relationship_____

2. Name:_____

Phone:_____Relationship_____

3. Name:_____

Phone:_____Relationship_____

Medical Diagnosis/Allergies_____

_____

_____

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Wisdom In Motion (WIM) Youth Mentoring to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

Parent/Guardian Signature_____ Date_____

HOLD HARMLESS LIABILITY RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Wisdom In Motion (WIM) Youth Mentoring its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of the Wisdom In Motion (WIM) Youth Mentoring.

I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature_____ Date_____

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize the Wisdom In Motion (WIM) Youth Mentoring to produce photographs, videotapes, audio-tapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Wisdom In Motion (WIM) Youth Mentoring and its employees will not use these materials for compensation. I understand that this grant of permission shall only be revoked by a written instrument delivered to the Chief Operating Officer/President of the Wisdom In Motion (WIM) Youth Mentoring. This consent shall remain in effect, unless revoked

Parent/Guardian Signature_____ Date_____