

Permission Slip/Medical Release Form Washington County Youth Foundation

Student's Name: _____ Birth date: _____

Address: _____

Phone: _____ E-mail: _____

School _____ Graduation year: _____

Parent(s)/Guardians name: _____

Address (if different from above): _____

First person to contact in emergency: _____

Home (Cell) phone: _____ Work Phone: _____

Second person to contact in emergency: _____

Home (Cell) phone: _____ Work Phone: _____

I, the undersigned parent/guardian of _____, a minor, do hereby give permission for my son/daughter to participate in the Washington County Youth Foundation and release the Washington County Community Foundation staff/volunteers from any claims, loss, cost, damage, or expense arising out of any accident or any occurrence causing injury to any person or property during Washington County Youth Foundation/Washington County Community Foundation events. Further, in case of sickness or injury, the adult in charge has my permission to secure medical attention for my child. I understand that transportation to and from all meetings and events is my responsibility and that the Washington County Community Foundation/Washington County Youth Foundation will not supply any transportation to or from any meetings or events.

I hereby grant to the Washington County Community Foundation the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of related photographs or videotaped images of my son/daughter for use in connection with the activities of the Foundation or for promoting, publicizing or explaining the Foundation or its activities. This includes, without limitation, the right to publish such images in the Foundation's reports, visual presentations about the Foundation, the Foundation's web site, and other public relations/promotional materials, such as marketing publications, or advertisements. These images may appear in any of the wide variety of formats and media now available to the Foundation and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media and may be licensed or sold to other Indiana community foundations.

Parent/Guardian Signature: _____ Date: _____