

# Minor's Activity Release Form

Please print clearly, thank you very much.

I, \_\_\_\_\_, am the parent or  
First Middle Last

legal guardian of \_\_\_\_\_

First Middle Last  
 born on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

As a parent or legal guardian of (print minor's name), \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as a youth, helping The South Sound Dream Center, my child will participate in certain activities which carry with them a degree of risk and danger. Such activities include, but not limited to: outreach to homeless, motels, retirement homes, teens, and children.

By signing this form, I agree to hold harmless The South Sound Dream Center, its staff, teachers, and volunteers for any accident or injury resulting from my child's participation. In addition, I agree to assume any and all responsibilities and liabilities with regard to the well being of the child listed above, as well as any financial liabilities or responsibilities incurred from property damage(s) and/or personal injury(ies) directly or indirectly caused by said child. I further give authority during the aforementioned dates on this form for the staff, teachers and/or volunteers of The South Sound Dream Center to administer, or have administered any and all medical or emergency treatment(s) they deem necessary for the health and well being of said child.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release South Sound Dream Center from all liability what so ever.

I hereby grant permission to The South Sound Dream Center to be photographed. I understand that these pictures are intended for use in supporting SSDC publicity and posting on the SSDC website and facebook page. **YES NO**

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Minor's Health Insurance Coverage

Insurance Carrier: \_\_\_\_\_ ID#: \_\_\_\_\_

Adult Subscriber's Name: \_\_\_\_\_

Known Allergies of Child: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Local Emergency Contact (other than parent or guardian):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_