



Youth Drop In Liability Waiver

SECTION 1: PARENT/LEGAL GAURDIAN INFORMATION	
Parent / Guardian: Name: _____ Relationship to Children: _____ Address: _____ Primary Contact Number: _____ Alternate Contact Number: _____	
SECTION 2: EMERGENCY CONTACT INFORMATION (other than parent/guardian)	
Emergency Contact Name _____ Primary Contact Number: _____ Alternate Number: _____	
SECTION 3: FAMILY SECTION	
Child's Name: _____ Gender: _____ Child's Birth Date: _____ Child's Name: _____ Gender: _____ Child's Birth Date: _____ Child's Name: _____ Gender: _____ Child's Birth Date: _____	
SECTION 4: ALLERGIES (snacks provided daily, Therapy dog in center (SOME DAYS))	
Food Allergies: _____ Animal Allergies: _____ Other Allergies: _____	
Best Contact Method- (Updates, Reminders, Schedules)	Best Contact Method- (Updates, Reminders, Schedules)
<u>PARENTS/GUARDIAN</u>	<u>YOUTH</u>
Snap Chat: _____ What's App: _____ Other: _____	Snap Chat: _____ What's App: _____ Other: _____



Youth Drop In Liability Waiver

ASSUMPTION OF RISK

In consideration of the child in my care and I being permitted to participate in the Activity, I ACKNOWLEDGE and AGREE to the following:

I am aware that there are physical risks associated with the child in my care and my participation in the Activity, which include but are not limited to collisions, slips, falls, accidents, illness, bodily contact, whether deliberate or accidental, and physical injury. I understand that the choice to participate in the Activity brings with it the assumption of those risks and I accept all responsibility for the child in my care and my participation in the Activity, including the possibility of personal injury, death, property damage, or other loss resulting there from.

I understand and agree I am solely responsible for the child in my care and my behavior and that the child in my care and I will obey all the rules and regulations pertaining to the Activity and all related activities. I understand that the rules and regulations are designed for the safety and protection of the participants and hereby undertake to ensure the participant abide by these rules and regulations.

I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participating in these activities. I hereby warrant that the child in my care and I are physically fit to participate in the Activity.

I understand and agree that the Region of St. Paul, its elected officials, officers, agents, employees, and representatives are not responsible for any injury, loss, or damage of any kind sustained by the child in my care and I notwithstanding that the loss may have been contributed to, or occasioned by, the negligence of the Region of St. Paul, its elected officials, officers, agents, employees, and representatives.

I acknowledge that I have had the opportunity to seek legal advice. If I choose to sign this Informed Consent without first seeking legal advice I am hereby choosing to waive the right to seek prior legal advice.

MEDIA RELEASE: Occasionally, opportunities arise where images of yourself or the child in your care would be used in different media and in other promotional publications. By signing this form, you agree to the use of these images by the Region of St. Paul in future media publications. If you do not wish for your image or the image of the child in your care to be used, please notify the staff prior to or during the program.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE REGION OF ST. PAUL FOR ANY LOSS OR INJURY SUFFERED BY THE CHILD IN MY CARE AND I FROM PARTICIPATING IN THE ACTIVITY. MY SIGNATURE ALSO CONFIRMS THAT TO THE BEST OF MY KNOWLEDGE, I HAVE THE AUTHORITY AND LEGAL RESPONSIBILITY FOR THE PARTICIPANT.

Signed and dated this _____ day of _____, 20____.

Signature of Parent or Guardian
Print Name:

Witness Signature
Print Name: