

LOFT 180

**Release and Indemnification Agreement**

***YOUTH INFORMATION***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

***PARENT/GUARDIAN INFORMATION***

Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

***MEDICAL INFORMATION***

Health Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_ Date of Last Tetanus Vaccination \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Precautions/Medical Conditions \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

see other side

**PERMISSION/RELEASE**

I certify that my child is in good health, free from communicable disease, and able to participate in all activities. I give permission to treat my child for routine medical care. In case of emergency, I give permission to the physician/hospital selected by the LOFT 180 staff to hospitalize and/or secure proper treatment for my child as named above. I voluntarily agree to assume all risks related to my child's participation in this program, trips and activities. I hereby release and hold harmless LOFT 180 from any loss, liability, damage or costs including medical, court costs, and attorney fees that may be incurred due to my child's participation in this program. It is my intention to release LOFT 180 from all liability or responsibility for personal injury, property damage or wrongful death as a result of my child's participation or as a result of the negligence of the released parties, whether passive or active.

**AGREEMENT TO TRANSPORT HOME**

I understand that LOFT 180 may need to send a student home as a result of illness or discipline problems. I understand if my child is dismissed from the program, trip, or activity, he/she will be transported home at my expense. ( LOFT 180 will attempt to contact the parent or guardian to arrange such transportation.)

**MEDIA PERMISSION**

I also give permission to LOFT 180 and anyone authorized by LOFT 180 to use my child's likeness and/or voice for future representations of LOFT 180 programs.

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_