

Youth In Motion Permission Form

I/We give permission for my/our son/daughter _____(name) to be driven by representatives of Youth In Motion to events around the St. Louis Metropolitan Area. In case of emergency involving my/our child(ren) I/We understand that efforts will be taken to contact me/us as soon as possible. However, in the event I/we cannot be reached permission is hereby given to authorize any treatment by an accredited hospital and/or physician deemed necessary for our child(ren) in case of an emergency. Medical providers are authorized to discuss protected health information to the adult in charge from Youth In Motion or any physician or healthcare provider providing treatment to our child(ren). I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. We agree not to hold Youth In Motion, its directors, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. With full appreciation of the dangers and risks associated with programs and activities including preparation for and transportation to and from the activity, by signing this form, I/We hereby release Youth In Motion, as well as its directors, administrators, employees, volunteers and agents from all liability, for any and all injuries arising from my child's travel to the event via private transportation. I/We further agree to indemnify and hold harmless Youth In Motion, as well as its directors, administrators, employees, volunteers and other agents, against any claims asserted by my/our child(ren) or on behalf of as a result of his or her travel to this event via private transportation. I/We also agree and understand that my child(ren) may be photographed at Youth In Motion events, I/We understand that these photographs may be used in promoting Youth in Motion, either in print or on the Internet. I/We agree that the permission granted by this form will remain in effect for one calendar year from the date signed.

Parent/guardian

PRINTED Name: _____

Signature: _____

Date: _____

Phone Number _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____