

Activity Consent Form and Approval by Parents or Legal Guardian

This form is recommended for unit use to obtain approval and consent for persons under 17 to participate in a Hazon program, activity or Ride.

First name of participant and middle initial _____

Last name _____

Address _____

Birth date (month/day/year) ____/____/____ Age during activity _____

Has approval to participate in :

(Name of activity, orientation flight, outing trip, etc.)

From _____ to _____.
(Date)

(Date)

- Without restrictions
- Special considerations or restrictions:

Please note the following allergies or medical conditions: _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Hazon, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date

Parent/guardian printed name

Parent/guardian signature _____
Date _____

Area code and telephone number (best contact and emergency contact)
Telephone numbers to reach me in case of emergency:

Home: _____

Office: _____

Mobile: _____