

## ACT General Activity Waiver

Youth Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Activity: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### PERMISSION & UNDERSTANDING STATEMENTS (Initial)

I give my consent for the individual listed above to take part in field trips and excursions with supervision from ACT staff. I give permission for them to be transported in ACT staff's personal vehicles, rented vehicles & buses owned by the Patricia A. Hannaford Career Center. I acknowledge that ACT will provide me with a general description detailing types, frequency and sample destinations when youth may be transported.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission for the individual listed above to be photographed or videotaped by ACT and/or partner agencies for media events, publications or educational purposes.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission for the individual listed above to participate in a wading/swimming activity with proper supervision.

Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the individual's swimming ability:

\_\_\_ **Not comfortable in water** \_\_\_ **Basic** \_\_\_ **Moderate** \_\_\_ **Advanced**

I understand that I will be contacted should the individual become ill, and that if I cannot be reached, the name(s) listed will be called to come and pick them up.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission for an ACT staff member to provide the individual listed above with Tums, Pepto, Midol, Tylenol or Ibuprofen if they feel they need it per the bottle's prescribed doses.

Yes \_\_\_\_\_ No \_\_\_\_\_

I accept full responsibility for the youth named above and any siblings whenever I am physically present at the Teen Center (when dropping off or picking them up or at any ACT event). When on ACT's premises I am fully aware of any personal risk to myself, and agree to hold harmless ACT, its employees, elected officials, or any volunteers or instructors from any and all liability from any injury, claims, costs or loss of services which might be incurred.

**YES, I understand \_\_\_\_\_ (please initial to indicate your understanding)**

**Medical Information and Release**

**Health Conditions and Information** Please list any conditions, medication, allergies or other health related information that ACT staff should be aware of. I.e, an epi pen, penicillin allergy, etc.

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**Authorization: I hereby give permission to ACT staff to provide first aid, dispense prescribed medications, and seek emergency medical treatment if necessary. I give permission to the camp to arrange necessary related transportation for my youth. I agree to the release of any records necessary for insurance purposes or to inform emergency personnel. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by ACT to secure and administer treatment, including hospitalization for the youth named above.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**WAIVER**

**As the parent/legal guardian or individual, I understand that the above named is participating in ACT programming both at the Teen Center and off-site. I fully understand and will not hold ACT, any of its agents, assigns, employees, or volunteer sponsors liable for any accidents, injuries, or any other unforeseen harms incurred, at any time while participating in this activity.**

\_\_\_\_ **Individual listed above is over 18 and may sign for themselves**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_