



DAY OF GIVING YOUTH EVENT 2018

PERMISSION SLIP / LIABILITY WAIVER

Signed, Completed Forms must be scanned / sent to dayofgivingyouthevent@yahoo.com by **April 26, 2018**

As the parent/legal guardian of _____, I give permission for him/her to participate in the Day of Giving Youth event on Thursday, May 10, 2018, after school. I understand that activities will include, but not be limited to, interacting with the general public and doing such physical work as unloading donations from vehicles, lifting boxes that might weigh up to 50 pounds, indicating to drivers where to park their cars, and other activities involved in collecting and sorting donations. I also understand that this will be a public event where other visitors, attendees and the media may be taking pictures and / or video and acknowledge that Day of Giving is not responsible for these pictures. On behalf of my child, I voluntarily assume the risks associated with such activities and the Day of Giving event.

I will not hold Day of Giving or any of its agents or volunteers, or any church, religious denomination, or organization participating in this event liable for any accidents, injuries, or other unforeseen harms incurred at any time while participating in the Day of Giving Youth Event, except in the case of gross negligence. I authorize Day of Giving volunteers to find medical attention at my expense, if the need arises.

I understand that my son/daughter will not be allowed to participate in the Day of Giving Youth Event if he/she does not submit this form before participation begins.

_____ My child is between the ages of 11 and 18 years old

Check One:

_____ My child needs no special considerations during this activity.

_____ My child needs the following special considerations during this activity. _____

Check One:

_____ I grant Day of Giving, Inc., its representatives and volunteers, permission to take photographs of my child participating in the May 10, 2018, Day of Giving Youth Event. I agree that Day of Giving may choose to use such photographs of my child with or without his / her name and for any lawful purpose, including, for example in its print and electronic correspondence, in its advertising, or on its website. I relinquish rights to any further compensation for reproduction, publication, or use of the above information by the Cheyenne Day of Giving. I understand this permission releases Day of Giving, Inc. from any future claims as well as from any liability arising from the use of said material.

_____ I withhold my consent for the Day of Giving to take pictures of my child participating in the May 10, 2018, Day of Giving Youth Event and use the information and photographs as described above.

Participant – Print Full Name

Participant - Signature

Parent/Legal Guardian - Print Full Name

Parent/Legal Guardian - Signature

Date

Tel #(s)