



Northwest Assistance Ministries

Parent/Guardian Permission Form and Liability Waiver

Today's Date: ____/____/____

Participant's Name		Phone	
Birthdate	Age	Sex	
Home Address	City	Zip	
Please list any Congregations, Service Organizations, or Schools for which your child participates			
1st Parent/Guardian's Name		2nd Parent/Guardian's Name	
Phone		Phone	
Email		Email	
Emergency Contact Name	Phone	Relationship	

Waiver of Liability

I hereby agree for myself and/or my children, and on behalf of all of my family, heirs, successors, assigns and/or representatives to release NAM and all of its officers, staff, and volunteers from any and all liability, claims, demands, acts of nature, and actions which might be made for any losses, expenses, or damages of any kind. I assume full responsibility for any risk occurring from my and/or my child's participation. NAM assumes no responsibility for any loss, damage, or injury to persons or property in connection with my participation in NAM volunteer activities. My participation in NAM programs indicates a knowledge of, and an assumption of, the resulting risks, an acceptance of responsibility and liability. I also assume liability for any individuals that may accompany me during my participation in these programs. I understand that I am therefore urged to be sure to secure appropriate medical and personal injury and property damage insurance coverage prior to my participation with NAM and any of the organization's programs.

Media Release

By signing this volunteer form, I acknowledge that NAM may photograph or videotape participants and volunteers in any programs for use in promoting NAM to the general public, including flyers, NAM website, promotional purposes, social media, or press releases. I willingly give my consent to such uses without remuneration, and NAM retains total ownership and rights of these materials. I agree to hold NAM, its programs, staff and agents harmless in the use of such photographs, materials, videos, broadcasting, media releases and/or articles.

Medical Issues

I hereby warrant that to the best of my knowledge, my child is in good health. I assume all responsibility for the health of my child.

☒ **Emergency Medical Treatment:** In the event of a medical emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Special Medical Information: Northwest Assistance Ministries will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.)

Has child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox, etc.? If so, provide the date/s and disease or condition:

Parental Permission for Youth Volunteer

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in volunteer activities within the various programs of Northwest Assistance Ministries. As a parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant"). My signature indicates that I have carefully read the above responsibility disclaimers and policies, understand its content and purpose and voluntarily agree to its terms on behalf of my child. I certify that I have read this document in its entirety and I have communicated the content within this agreement to my child.

X _____

X

Parent or Guardian Signature

Date