



Toiyabe Indian Health Project, Inc. Family Services Department

Youth Activities Release Form

To be completed by Parent or Guardian:

Hiking, Fishing, Biking, Swimming, Indigenous Games, Camping, Equestrian Riding, and other physical activities or outings will be occasionally offered thru the *T.I.H.P.* Youth Activities Program. Please note that Toiyabe Family Services will be offering transportation to and from said activities and in the event that we are not able to provide such service proper notification will be given.

Please indicate that you have read and understand the above statement _____

Date: _____

Youth's Name: _____

Age: _____ Birth Date: _____

Address: _____

City: _____ Zip Code _____

Phone: _____

School: _____ Grade: _____

Parent / Guardian's Name: _____

Home # : _____ Cell # _____ Work#: _____

Person to be notified in case of emergency: _____

Home #: _____ Cell # : _____ Work # : _____

Relationship to Youth: _____

Health Information (describe any illness or medical condition that may affect participant):

Bee Sting or other allergies: yes no If yes, please specify: _____

Medication allergies: _____

Medication taken on a daily basis: _____

Insurance/policy Number: _____

The undersigned, as a parent or guardian of: _____

I do hereby consent to any medical or hospital care to be rendered to said minor upon the advice of a licensed Physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, staff will try, but are not required to communicate with me prior to treatment. The undersigned further agrees that Toiyabe Indian Health Youth Prevention Staff are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treat the mentioned minor will remain in effect for one year of the parent's or guardian's signature and date.

I understand and am aware that my child's participation in said activities is potentially hazardous and involves risk of injury, even death. With full knowledge of the dangers involved, my child(ren) is/are voluntarily participating in these activities and hereby waive, release, and forever discharge Toiyabe Indian Health Project, Inc. and its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all responsibilities or liability of injuries or damages resulting from participation in, or arising out of participation in the above-mentioned activities.

Parent / Guardian Signature

Date

I do hereby also consent to said youth participation in multimedia projects, such as Video, Photography, Music, PSA's, and ongoing projects with the prevention program. I also grant permission to Toiyabe Prevention to utilize any images, video, or audio, or media of said minor in multimedia projects.

Parent / Guardian Signature

Date

Toiyabe Staff

Date