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LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL/EMERGENCY TREATMENT & TRANSPORTATION

CHILD NAME _____ DATE OF BIRTH _____

CHILD NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

PROGRAM/CARE CONSENT:

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all activities, events, and/or child care conducted by Avid Youth and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Avid Youth to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either Avid Youth personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, Avid Youth staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Avid Youth shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

Avid Youth, it's providers, and trained staff, will place the children's physical and emotional well being first. The undersigned(s) assume(s) all risk of injury or harm to the child and their family members, associated with participation in the program and agree(s) to further release and discharge, Alycia Archer of Avid Youth and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the program.

Signature of Parent/Guardian Date

Print name of Parent/Guardian Date

Signature of Parent/Guardian Date

Print name of Parent/Guardian Date