

This form must be filled out and signed by the parent/ legal guardian

IMPACT Program, Inc.

Release of Teen Impact

We/I the undersigned, individually and as parent(s) legal guardian(s) of _____, Do hereby consent to our/my child's participation in various activities of Teen Impact. In giving this consent, we/I acknowledge and realize that activities planned and/or sponsored by Teen Impact may include, by way of illustration, weekend retreats at locations outside of Tampa, Florida, a spring beach retreat, (river/lake parties which could include activities such as water skiing, inner tubing, and swimming, overnight activities, cookouts, sporting events) and recreational activities similar to them and as appropriate and necessary, and agree that our/my child can be transported to and from such activities by organizers and volunteers of Teen Impact.

We/I realize that in participating in the afore described activities, there is the possibility that our/my child may be injured despite efforts made by Teen Impact to make activities reasonably safe. In consideration of the time and effort provided by Teen Impact in the planning, supervision, transportation, chaperoning, and administration of programs and activities sponsored by Teen Impact, we/I hereby release and discharge the Board of Directors, staff organizers and volunteer helpers of IMPACT Program, Inc., its agents, employees, and offices from any and all claims, lawsuits, demands, or damages which we/I may have (or which my heirs, executors, administrators, or assigns may have or claim to have) against The Teen Impact Program for any and all personal injury or injuries to property caused by or arising out of our/my child's participation in the afore described activities. This release is intended to and we/I fully understand that it shall protect IMPACT Program, Inc. from any lawsuits or claims which we/I might otherwise be able to assert on behalf of my child or myself for negligence committed by the organizers or volunteers of the Teen Impact.

In the event that our/my child participates in Teen Impact activities IMPACT Program, Inc. may assume that our/my child participates with our/my knowledge, consent, and permission. We/I expressly release IMPACT Program, Inc. from informing us/me of our/my child's participation in Teen Impact activities. We/I fully assume responsibility of knowing when and if my child is participating in Teen Impact activities.

In the event that we/I wish to withdraw or nullify this release, we/I shall do so in writing to IMPACT Program, Inc. 11705 Boyette Road, Suite 412, Riverview, FL 33569.

We/I have read this release and execute it voluntarily.

Date: _____

_____ (Father)/ (Legal Guardian)

_____ (Mother)/ (Legal Guardian)

Address: _____

Phone: _____

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Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured during the Teen Impact retreat or other activities, I/we understand that IMPACT Program, Inc. will 1) contact me/us immediately, or 2) contact the person(s) I have designated in case I cannot be reached.

Should IMPACT Program, Inc. be unable to reach me and/or the person(s) designated, IMPACT Program, Inc. is authorized to contact my physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I accept full responsibility for payment of medical services rendered.

Parent's signature _____ Date _____

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions)

Preferred Physician Name /Phone: _____

Preferred Physician Address _____

Preferred Hospital _____ Insurance Co. _____

Policy Number _____ Expiration Date _____

Photo/Video Release

I, _____, grant full permission to IMPACT Program, Inc. to use photographs and video tapes taken of my child for IMPACT Program, Inc. publicity purposes.

Parent's signature _____ Date _____

Transportation Release

I, _____, give my child permission to participate in Teen Impact field trips and retreats. I understand that the IMPACT Program, Inc. will provide transportation to and from the scheduled event.

Parent's signature _____ Date _____

Evaluation Release

I, _____, give IMPACT Program, Inc. and the independent evaluator permission to collect information about my child as necessary for the design, implementation and evaluation of the Teen Impact Program. I understand all information is confidential and that my child will not be identified by any means, on any documents pertaining to the program.

Parent's signature _____ Date _____