



YVC PARENT/LEGAL GUARDIAN WAIVER

THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.



Youth Volunteer's Name _____

Risk Disclosure: I understand that adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability, or cause of action resulting from personal injury to my child in the YVC program and agree to indemnify the partner agency and its employees or representatives from any such claims.

Medical Care Authorization: At any time due to such circumstances as accident or sudden illness I hereby give permission for emergency medical treatment to be obtained for my child. I understand that a YVC representative or the partner agency will call me prior to leaving or upon arrival at the emergency destination, and that I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

Photographic/Transportation Release: In the event my child is photographed or filmed for promotional purposes while participating in a YVC project, the photo or video may be used by YVC or any of its related agencies for promotional purposes. I authorize YVC and/or partner agency staff to transport my child in their vehicles if needed.

Parent/Legal Guardian Responsibility: I will inform YVC of any special need or condition my child has. I understand withholding this information is unfair to my child and to the YVC leader entrusted with my child's safety. I will be punctual when dropping off/picking up my child from projects, both for his/her safety and as a courtesy to YVC and its partner agencies. I understand that violating these policies may lead to my child's exclusion from YVC programs.

Emergency Contact #1 (if we are unable to reach you) _____ Number _____

Emergency Contact #2 (if we are unable to reach #1) _____ Number _____

Health Care Provider/Family Physician _____ Number _____

Does your child have any allergies? [] No [] Yes Explain _____

Is your child currently under medical care? [] No [] Yes Explain _____

Please list any mental or physical condition(s) your child has that we should be aware of and any medication s/he is taking. _____

If the youth named above meets any of the following criteria, check this box:

- Qualifies for free or reduced school lunch
- Completing court-ordered service or is a former juvenile offender
- Living with a disability
- Not currently enrolled in school
- At risk to leave high school without graduating
- In or aging out of foster care
- Has limited English proficiency
- Homeless or has run away from home

Please note, this information is kept confidential and will not affect the youth's ability to participate in YVC programming. It is collected for anonymous grant reporting and program improvement purposes only.

Sign below to acknowledge you have read and understand this waiver, agree to its provisions, affirm that you are the parent/legal guardian of the child named above, and to verify all the information you have given is correct.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

Please return completed form to VOiCEup@BCCF.org