



## Medical/ Photo/ Video Waiver for 2024

Name: \_\_\_\_\_ Home Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent(s) or Legal Guardian \_\_\_\_\_

Cell Numbers \_\_\_\_\_

Alternate Emergency Contact (Name, Relationship & Phone number) \_\_\_\_\_

Any Pre-existing or present medical conditions? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

### Statement of Permissions and Release

I do hereby grant permission for the above minor (hereinafter referred to as "child") to take part in all activities as operated or sponsored by Summit County Youth in Breckenridge, CO (hereinafter referred to as "SCY") and/or their officers, directors, agents, employees or volunteers for the year specified above. I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials. I authorize the treatment of the child by a qualified and licensed medical doctor in the event of a medical emergency which, in the sole opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. I also authorize SCY to transport the child to and from the activities in a SCY owned, private, or rented vehicle. I understand that SCY is not responsible for any personal belongings of a child or belonging of another which the child has in their possessions. In the event of the child misconduct, I authorize SCY to send the child home at my expense.

I understand that SCY is not an insurer of the child's safety and I further understand that the child may incur personal injury or bodily harm while participating in SCY sponsored activities. In consideration for the child's participating in SCY activities, I indemnify and hold harmless SCY, it's officers, directors, employees, agents, and volunteers from all actions, claims, costs, expenses, and damages of any kind, growing out of, or related to, the activities, including transportation to and from all activities within the dates given above.

In the event that it is necessary, I hereby authorize emergency medical treatment to be obtained and any emergency medical procedure to be performed at any expense.

I attest that I am the legal parent or guardian of the child and have full authority to make this agreement.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_