



# YEP! Youth Education Program Participation Waiver and Press Release

Participant's Name (First and Last)		Age:	DOB:
Address:		City, State, Zip:	
Parent/Guardian Name(s)			
Phone:	Email:		
Emergency Contact Name:		Phone:	
Leader Name:		Phone:	

### Permission:

I give permission for my son/daughter \_\_\_\_\_ to attend and participate in Victory Garden Initiative YEP! activities on \_\_\_\_\_ (date). **Initial** \_\_\_\_\_

### Health Agreement:

I agree that my child is good health and have no physical condition that would prevent me from participating in this event or activity. **Initial** \_\_\_\_\_

### Hold Harmless:

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I agree to release Victory Garden Initiative, its agents, its employees, and its certified volunteers from and against any claim arising from my or my child's participation in YEP! Youth Education Program. I agree to indemnify and hold Victory Garden Initiative harmless from and against any claims, whether caused by passive negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin. **Initial** \_\_\_\_\_

### In Case of Emergency

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. **Initial** \_\_\_\_\_

### Photograph and Media Release

I agree that photographs, pictures, slides, movies or videos of my child in connection with participation in this event or activity without compensation from Victory Garden Initiative (or Permittee/Sponsor) and consent to the use of these photographs, pictures, slides, movies or videos for any legal purpose. **Initial** \_\_\_\_\_

*I ATTEST THAT I AM SIGNING THIS FORM VOLUNTARILY*

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

(BRING THIS FORM WITH YOU ON THE DAY OF THE ACTIVITY)