



Vet Life Youth Community Parent / Guardian Permission Form

LIFE OPERATION NOT FORGOTTEN YOUTH COMMUNITY RELEASE OF ALL CLAIMS AND PERMISSION TO PARTICIPATE

Release made this ____ day of _____, 20____, by _____
NAME PARENTS / GUARDIAN

of _____ City of _____, County of _____, State
PARENT/ GUARDAIN ADDRESS

of _____, as parents of _____, of the same address.
NAME OF CHILD

In consideration of my child being granted the opportunity to participate in the Vet Life Operation Not Forgotten Youth Community, I hereby consent to my child participating in such activity and certify that said child is able to participate in such activity without any risk to such child's safety. I hereby release and discharge the Vet Life Operation Not Forgotten Youth Community of the City of _____, County of _____, State of _____, its agents, employees and officers from all claims, demand, actions, judgments and executions which the undersigned heirs, executors, administrators or assigns may have or claim to have against the Vet Life Operation Not Forgotten Youth Community of the City of _____, County of _____, State of _____, its successors or assigns, for any personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the participation of any activity of the Youth Community in which my child may be involved at the Vet Life Operation Not Forgotten Youth Community of the City of _____, County of _____, State of _____,

Not Medical Advice or Treatment

The Life Renewed™ Operation Not Forgotten™ is not a substitute for professional clinical or medical advice, diagnosis, or treatment. Participants in the program and those reviewing the results associated with it therefore should always consult with a doctor or other health care professional for medical advice or information about diagnosis and treatment necessary. Neither Life Renewed™ nor any other party involved in creating, producing, or delivering the Operation Not Forgotten™ program shall be liable for any damages, including without limitation, direct, incidental, consequential, indirect, or punitive damages, arising out of failure to consult health care professionals.

Emergency Treatment

I authorize emergency contacts or the adult leaders supervising this activity to call emergency treatment responders to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity. The following is a list of allergies or medical conditions affecting my child that may be relevant to a physician in the event of an emergency:

PARENT / GUARDIAN SIGNATURE

DATE

ALLERGIES AND MEDICAL CONDITIONS OF ABOVE NAMED PARTICIPANT:

NAME OF MEDICATIONS REGULARLY TAKEN BY ABOVE NAMED PARTICIPANT:

Emergency Contacts

(2 required – will be contacted only if parent/guardian cannot be reached)

1) Name _____ Relation _____

Phone (home) _____ (cell) _____

2) Name _____ Relation _____

Phone (home) _____ (cell) _____

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In Witness Whereof, I have executed this release at _____, _____, the day and year first above written.

() _____ () _____
Home Parent / Guardian Cell email

() _____ () _____
Home Parent / Guardian Cell email

MUST BE SIGNED BY BOTH LEGAL GUARDIANS IF MARRIED / OR CUSTODIAL PARENT ONLY IF DIVORCED