PERMISSION FORM

Date of activity: ___________________________  Time: from ______ to ________
Place: ____________________________________

YOUNG PERSON’S AGREEMENT

While participating in activity, I will maintain good conduct and follow directions at all times.
(date) _________________  (young person's signature) ________________________________

PARENT/GUARDIAN PERMISSION

I am the parent or guardian of ________________, a minor, and on his/her behalf, I accept the release and
waiver of liability at the bottom of this form in order for my child to participate in this UUCPA-sponsored
activity. I authorize any licensed physician, hospital or clinic to provide all emergency treatment which may be
required for my child. My child has the following medical conditions or allergies:

(If none, write “None.”) ____________________________________________________________

My child's last tetanus shot was on: __________________________

Insurance Provider: ___________________________  Tel. No.: _______________  Policy #: _____________

I represent and warrant that I have the authority to give this release.
(date) _________________  (parent/guardian’s signature) ________________________________

Emergency Contact: ___________________________  phone: _____________________________

RELEASE AND WAIVER OF LIABILITY

I am aware that all activities pose a risk of injury, due to the negligence of my child, a person escorting my
child, or through no fault of my child or any of the activity chaperones.

With this waiver, I assume the risk of injury due to negligence by the Unitarian Universalist Church of
Palo Alto (UUCPA), its agents, employees, members, officers, trustees and staff, for the safety of my minor
child.

I further agree to indemnify and hold harmless all the people listed above from any claims which I might
make or which might be made on my behalf by others, or which might be made against me by others, arising
from participation in field trips or other group activities sponsored by UUCPA.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP
(WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM
WHICH I MIGHT HAVE OR WHICH MIGHT LATER ARISE AGAINST UUCPA MEMBERS OR
FRIENDS INVOLVED IN THE ACTIVITY, OR ITS BOARD OF TRUSTEES, FOR ANY INJURIES
MY CHILD MIGHT SUSTAIN WHILE PARTICIPATING IN AN ACTIVITY SPONSORED BY
UUCPA.

It is my intent to give up these rights and provide the hold harmless agreement, and I do so knowingly
and voluntarily.

(date) _________________  (parent/guardian's signature) ________________________________