

**Unitarian Universalist Church of Palo Alto (UUCPA)**

505 E. Charleston Rd., Palo Alto, CA 94306 — 650-494-0541

**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) \_\_\_\_\_