Youth Program Consent Form

Please fill out form completely and clearly

Participant's Legal Name _____Birthdate _____

Address _____

City, State, Zip _____

If participant goes by a name other than legal name _____

Parent/Guardian Name _____

Phone #(s) _____

Emergency Contact (if parent cannot be reached) _____

Phone # & relationship to participant _____

Insurance Provider _____

Policy and/or ID number _____

Are there any special medications or medical concerns of the participant that Triad Restorative Justice staff members should be aware of?

PARENTAL CONSENT (for minor under age 18): As legal guardian of the above-named minor under the age of 18, I give my permission for them to be involved in the youth program(s) of Triad Restorative Justice. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to youth program activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable Triad Restorative Justice, its employees and volunteers, for any injury, illness or property damage involving the above-named participant, no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same.

PHOTOGRAPHY RELEASE: I hereby grant Triad Restorative Justice and its representatives permission to use photographs and videotape images in which the participant appears in any manner whatsoever such as, but not limited to: social media, publication, display, advertising, slide shows, videos, etc. Whenever possible, Triad Restorative Justice will ask participant's permission prior to posting on social media or including in promotional materials.

CONFIDENTIALITY: I understand that health information of this form will only be shared, as needed, with Triad Restorative Justice staff, volunteers and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to outside organizations.

I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined in this document.

Name of Participant _____ Date_____

Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____