



## R.E.L.E.A.S.E Foundation Program Application

Date: \_\_\_\_\_ Referral Source & Contact #: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Hm) Phone #: \_\_\_\_\_ (Cell) Email: \_\_\_\_\_

**Child's Strengths:** \_\_\_\_\_

### Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

\_\_\_\_\_

**Additional information:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Hm) Phone #: \_\_\_\_\_ (Cell) Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Hm) Phone #: \_\_\_\_\_ (Cell) Email: \_\_\_\_\_

### Emergency Contact(s): Must be 18 or older

**1) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Hm) Phone #: \_\_\_\_\_ (Cell) Email: \_\_\_\_\_

2)Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Hm) Phone #: \_\_\_\_\_ (Cell) Email: \_\_\_\_\_

### **PARTICIPATION PERMISSION AND WAIVER FORM**

#### **Function/ Activity**

It is my understanding that participating in the activities of R.E.L.E.A.S.E. Foundation's (RF) "Nourish to Flourish" Program is voluntary. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

#### **Release of Liability**

By signing this Permission//Wavier Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. On behalf of myself and my child, I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release RF and its officers, directors, employees, volunteers, and agents from any claim that my child or I might otherwise have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitations) any claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against RF or its officers, directors, employees, volunteers, or agents. I further agree to indemnify and hold harmless RF and its officers, directors,, employees, volunteers, or agents from any and all claims arising from my child's participation in its activities and programs, or as a result of injury or illness of my child during such activities.

#### **Photograph and Video**

By signing this Permission/Waiver form, I give permission for my child to be photographed or videotaped for the purposes of publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

#### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may need first aid or emergency medical treatment because of an accident, illness, or other health condition or injury. I do hereby give permission for agents of RF to seek and secure any needed medical attention or treatment of the child named above, including hospitalization, if in the agent's opinion such need arises.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and I agree that I am responsible for the cost of all medical treatment, and I represent and warrant to RF that my child is covered by health insurance.

**Health Insurance Information**

Insurance Company \_\_\_\_\_ Insured ID \_\_\_\_\_

Group No. and/or Policy No. \_\_\_\_\_

Insurance Company Phone No. \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

I represent that I am the parent/guardian of \_\_\_\_\_ who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission of the child named above to participate in the activities of RF, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of RF I hereby consent to the Permission/Wavier Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Wavier Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Witness Signature \_\_\_\_\_

