



## Participant Release Form

Participant's First & Last Name: \_\_\_\_\_

Date of Birth: (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Telephone #: \_ (\_\_\_\_) \_\_\_\_\_ Cell Phone #: \_ (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Allergies/Dietary Restrictions: \_\_\_\_\_

List any medical conditions/fears/traumas/triggers that we should know about:

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

In signing this release, I acknowledge that I understand the intent and effect of this release, and hereby fully agree and absolve and hold harmless the EMCS Society, Washington Kids Foundation, its corporate sponsors, cooperating organizations and any other parties connected with the EMCS Society and any of its programs or events, singly or collectively, from and against any and all blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of the participation of (participant's name) \_\_\_\_\_ in the program(s) operated by the EMCS Society or any activities associated therewith.

**Date**

**Parent/Guardian Signature**

\_\_\_\_\_  
\_\_\_\_\_

### Medical & Liability Release:

In the unlikely event that the participant named above is injured or becomes seriously ill while with this program, and I cannot be reached, I authorize the staff to seek and authorize any and all hospitalization, medical, dental, and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with this program, it is agreed that the providers and staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property.

**Signature of Guardian:** \_\_\_\_\_

### Pick Up Information:

Please check on of the following:

☐

I will allow my child to **walk home** at the end of each program day

**OR**

☐

I or a designated adult will pick up my child at the end of the program.

**Please list names and contact numbers for designated adults** who have permission to pick up your child:

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ #: \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_

### Media Release:

By signing below, the participant's guardian:

Authorizes EMCS Society, Gameready Fitness and Washington Kids Foundation to use photographs in which the participant(s) appears for marketing, promotional and educational purposes in any and all media including in printed and/or electronic media, including the above mentioned organization's websites and on social media.

**Signature of Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_