



Salmon Empowerment Project

Youth's Name: _____ Age: _____ DOB: _____
Parent(s)/Guardian(s) Names: _____
Address: _____ City: _____ State: _____ Zip: _____
Would you like RemindMe texts: YES NO Phone Number: _____
Email Address: _____
Emergency Contact: _____ Relationship: _____
Phone Number: _____

Medical Information:

Please list any allergies and medications:

Any other medical or behavioral information the staff should be aware of:

Does your child have health insurance? YES _____ NO _____

Provider: _____

I authorize The Mahoney House to seek medical treatment, transport and/or paramedics for my child and waive my right to informed consent of treatment in the event of an emergency. Parents/guardians will be contacted as soon as possible in the event of a medical emergency.

_____ YES _____ NO

Parent Signature: _____ Date: _____



Salmon Empowerment Project

To ensure your child's safety we need to know whom you've given permission to pick up your child if you are unable to or are carpooling. Also we would like permission if your child is allowed to walk or ride their bike home. Please advise us in writing if there are any custodial difficulties we should be aware of.

Persons Authorized to pick up child:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child allowed to ride their bike or walk home: ____YES ____NO

Time is very valuable to us. Please arrange to have you child dropped off and picked up on time. If you are going to be late, give us a call ahead of time. 208-756-3146

Signature: _____

Date: _____



Salmon Empowerment Project

Photo/Media Release

_____ I grant permission for my child to be photographed while participating in the Salmon Empowerment Project. It is my understanding that photographs will be used for educational, training and promotional purposes only. I may revoke this permission at any time by informing a staff member at The Mahoney House.

_____ I grant permission for my child to be interviewed for advertising of the program in any media form (newspaper, radio, posters, etc..)

_____ I do not grant permission for my child to be photographed or interviewed while participating in the Salmon Empowerment Project.

Signature: _____

Date: _____

Transportation Permission

_____ I give my permission to The Mahoney House to transport my child during Salmon Empowerment Project.

_____ I agree to fully absolve The Mahoney House and the driver from liability for any damages, injuries, or losses which might be sustained during transport

Signature: _____

Date: _____

RELEASE OF LIABILITY

READ CAREFULLY-THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Salmon Empowerment Project organized by LCCI-Mahoney House, of 901 Main Street, Salmon, Idaho, 83467 and /or use of the property, facilities and services of LCCI-Mahoney House. I agree for myself and (if applicable) for the members of my family, to the following:

1.AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by LCCI-Mahoney House, or the employees, representatives or agents of LCCI - Mahoney House.

2.ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge LCCI-Mahoney House for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of LCC-Mahoney House, whether caused by the fault of myself, my family, LCCI-Mahoney House or third parties.

3.INDEMNIFICATION. I agree to indemnify and defend LCCI-Mahoney House against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of LCCI-Mahoney House.

4.FEES. I agree to pay for all damages to the facilities of LCCI-Mahoney House caused by any negligent, reckless, or willful actions by me or my family.

5.CONSENT. I, _____ of _____, _____, _____, consent to participation of my _____, _____, in the activity of Salmon Empowerment Project , and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of _____.

6.MEDICAL AUTHORIZATION. In the event of an injury to the above minor during the above described activities, I give my permission to LCCI-Mahoney House or to the employees, representatives or agents of LCCI-Mahoney House to arrange for all necessary medical treatment for which I shall be financially responsible.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Signature: _____

Date: _____