



# Project 2014 Waiver Form

I/We the parents/guardians of the student named below, understand the nature of the event being planned to

\_\_\_\_\_ on \_\_\_\_\_.

Time: drop off \_\_\_\_\_ **PM** pick up **Promptly at** \_\_\_\_\_ **pm** We understand that we must provide transportation.

My daughter/son has permission to attend this event. Proper behavior is expected of all. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I understand Project 2014 reserves the right to inspect all bags on admittance to the event.

And we are in accord with the purposes of and procedures governing the event. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise at any event, which are not reasonably within the control of the supervising staff (including volunteers). We further agree to release and hold harmless Project 2014 and the Wilton Youth Council and their agents, officers, employees, and volunteers for any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an injury requiring medical attention, I hereby grant permission to the supervision staff (including volunteers) to attend to my son/daughter. In the unlikely event of a medical emergency if I or the other persons listed on the form cannot be reached by phone, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs and I cannot be located.

In the event that a student must return to Wilton independently for reasons of health, accident, failure to conform to rules established by the staff (including volunteers) in charge etc. we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Participant Name (Please print): \_\_\_\_\_

Please list medications which your child is taking: \_\_\_\_\_

Please list known allergies or sensitivities:

\_\_\_\_\_

I have read and hereby agree to all items stated above and I assume responsibility for the actions of my son/daughter.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Phone number to be reached at during event: \_\_\_\_\_

Home phone: \_\_\_\_\_ work phone: \_\_\_\_\_ cell phone: \_\_\_\_\_