



PARENTAL PERMISSION FORM

THE INFLUENCE THE CHOICE

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE:

As a parent or guardian of a youth requesting to voluntarily participate in a trip, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____
(Name of Student)

to participate in a trip to Olympia, WA on 01 / 20 / 2025 for the
(Destination)

purpose of ITC Youth Advocacy Day
(Purpose of Trip)

Transportation for this activity will be provided by

Private Vehicle by ITC staff or volunteer _____
(Name)

Private vehicle by Parent/guardian _____
(Name)

Other (e.g. – walk, metro bus, air, train)
Description _____

Parent’s Address _____ City _____

Parent’s Phone: Home _____ Cell _____ Youth’s Birthdate _____

Family Physician: _____ Phone # _____

EMERGENCY TREATMENT AUTHORIZATION – I, the UNDERSIGNED, PARENT/GUARDIAN, certify that my child has no medical or physical condition which could interfere with his/her/their safety in this activity. I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent(s) or guardian(s) to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for *Influence the Choice (ITC)* staff to obtain emergency care for your student, neither the staff-in-charge, nor ITC assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury. **Initial** _____

MEDICAL INSURANCE INFORMATION:

Company: _____ Policy Number: _____

Describe any medical condition, including allergies that could impact the student’s trip experience:

None Condition: _____

In the event of an emergency, I wish the following person(s) to be notified in case I cannot be contacted:

Name _____ Phone # _____

Name _____ Phone # _____

PARTICIPANT RELEASE OF LIABILITY – I, the UNDERSIGNED, PARENT/GUARDIAN, acknowledge that this activity may entail known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I hereby assume all risk of liability for injury, loss, damage, or other consequences; except for those caused by the sole negligence of *Influence the Choice*. I also forever discharge and waive any right of recovery from, or to bring suit against, *Influence the Choice* and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, damage, or other consequences to my child arising out of my and/or my child's voluntary participation in this activity through *Influence the Choice*.

PHOTO /VIDEO RELEASE – I, the UNDERSIGNED, PARENT/GUARDIAN, give my permission to have photos/video recordings taken of my child during *Influence the Choice* activities and used for educational, promotional, advertising and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of *Influence the Choice*.

I understand that this is solely an ITC activity that is governed by the Policies and Procedures of ITC.

Being fully informed as to these risks, I hereby consent to my child participating in this Trip.

Signature of Parent/Guardian

Date

Work/Daytime Phone

Received by:

Influence the Choice

Title

Date