



EMERGENCY TREATMENT AUTHORIZATION, RELEASE OF LIABILITY, AND PHOTO RELEASE

I, the UNDERSIGNED, PARENT/GUARDIAN of _____, (BIRTH DATE: _____), give permission for my child to participate in *Influence the Choice's* "Power of Me, Power of We" event, dated March 14, 2026, located at Issaquah Middle School in Issaquah, WA.

EMERGENCY TREATMENT AUTHORIZATION – I, the UNDERSIGNED, PARENT/GUARDIAN, certify that my child has no medical or physical conditions which could interfere with his/her/their safety in this activity. In the event of an emergency, I can be contacted at:

Emergency Contact: Home _____ Cell _____

If I cannot be contacted, I wish the following person to be notified:

Secondary Emergency Contact: Home _____ Cell _____

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for *Influence the Choice* staff to obtain emergency care for my child, neither she/he/they nor *Influence the Choice* assumes financial responsibility for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury. My child has medical/accident insurance: Yes _____ No _____

Family Physician: _____ 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*.

Parent/Guardian Print Name:

Parent/Guardian Signature:

Date:
