Event Participation/Travel Permission Form



The Kids Ecology Corps, a program of Partners in Action, Inc.

1350 East Sunrise Blvd, Ft. Lauderdale, FL 33304Office: 954-524-0366 www.kidsecologycorps.org

www.kidsecologycorps.org				
Event Name:	Even	t date(s)/Times:		
Event Destination:				
Activities:				
Participant Name: Las	t:	First:		MI:
Gender: Da	ate of Birth:	Name of School:		Grade:
Information of Parent	:/Guardian/ or Legal Custodia	n: (For Participants under 18 ye	ars old) and Emergency (Contact Information
Parent/Guardian Name: _			Phone:	
Address:		City:	State:	Zip:
Other Emergency Number	er: N	ame:	Relations	nip:
Participant has the follow	ring special medical conditions	(including allergies):		
Medications (Note: Staff	is not authorized to administer	medications/treatment):		
I, (Print name of Parent/	Guardian or Legal Custodian) _		herel	by give permission for
(Print name of Participar Kids Ecology Corps.	t)	to participate	e as a volunteer/participa	nt in an activity of The
3, .	KNOWLEDGMENT O	F RELEASE AND WAI	VER OF LIABILI	ТҮ
·		waiver of liability and w		
	ise read it carefully befo	_	nen signed is a con-	a acc with legal
child(ren)/ward(s) to participate in thi	ation of the opportunit s program, I, the unde ctual representations a	rsigned parent/g	
occur as a result of min Corps. I agree to release agents, employees, and in connection with, or a	e or my dependent(s)'s trans e, waive, discharge, and coven volunteers from any and all liab rising out of, mine or my de	and voluntarily assume all risk portation to and/or participation ant not to sue The Kids Ecology ility or claims that may be sustable bendent(s)'s participation in the The Kids Ecology Corps, a prog	n in an activity sponsore y Corps and Partners in A ained by me or a third pa e activity and/or transpo	ed by The Kids Ecology Action, Inc., its officers, orty directly or indirectly ortation to said activity,
I acknowledge that mine and/or my child's/ward's service through The Kids Ecology Corps will be voluntary. I understand the or my child/ward will be a volunteer and not an employee eligible for Worker's Compensation claims. I agree to assume all renected with my own and/or my child's/ward's volunteer/community service and/or transportation to said activity. I further release The Kids Ecology Corps and Partners in Action, Inc., its directors, employees, volunteers or persons related to direct ployees or volunteers, from any and all liability, claim, demand or cause of action or litigation arising out of personal injur death or property damage that I and/or my child/ward might suffer while performing said volunteer/community service wo transportation to said activity.				to assume all risks con- rity. I further agree to elated to directors, em- personal injury, illness,
litigation arising out of r further agree that I will s	ny own and/or my child's/war ave and hold harmless these p	any of the parties mentioned a d's volunteer/community service parties from any other claims, de limited to, actual damages, ger	e work and/or transporta emands, causes of action	ation to said activity. Í or litigation arising out
image of my child/ward:		Partners in Action, Inc. irrevoca voice recordings and any other for and other public places.		
(s), have given up substit to be a complete and u	antial rights by signing it. I hav unconditional release of any an	n, fully understand its terms, an re signed freely and without ind d all liability to the greatest extensions anding shall continue in full le	ucement or assurance of ent allowed by law and a	fany nature and intend
Date:	Signature of Parent/Guard	ian or Legal Custodian:		
Data	VEC Chaff.	C:		