

## PARENT PERMISSION & RELEASE OF LIABILITY

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ **Expected year for Graduation:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

### **PARENTAL CONSENT:**

(We) (I), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby consent to said Minor participating in the Port Jervis New York Soap Box Derby races conducted by the Port Jervis Police Benevolent Association.

### **AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR:**

(We) (I), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize the Port Jervis Police Benevolent Association and its agents, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is the presence of said Agent.

It is understood that his authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power of the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization will include RACE DAY and all other SOAP BOX DERBY EVENTS and shall remain in effect through the 31<sup>st</sup> day of December 2010, unless sooner terminated in writing.

SIGNATURE OF PARENT OR GURADIAN \_\_\_\_\_

### **RELEASE OF PHOTOS:**

Do you give the SOAP BOX DERBY COMMITTEE permission to use any Derby photos from practices, race day and rallies for the newspaper announcements or on the Port Jervis Soap Box Derby Web-site?

YES \_\_\_ NO \_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**RELEASE OF ALL LIABILITIES:**

(We) (I), shall indemnify, hold free and harmless, assume liability for, and defend the Port Jervis Police Benevolent Association, its agents, servants, employees, officers, and directors from any and all costs and expenses including, but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of the real or personal property belonging to or used by Agent while Minor is in the presence of Agent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ If none please check \_\_\_\_\_

Insurance Policy Name and No. \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Last Tetanus Immunization \_\_\_\_\_ Allergies \_\_\_\_\_

Other \_\_\_\_\_