



WAIVER OF LIABILITY

MEDICAL AUTHORIZATION

I/We the undersigned parent(s)/guardian(s) of _____ (child's name), do hereby authorize SVAC (instructors and staff) to make any and all decisions and to authorize and consent to, any and all emergency medical care deemed necessary, to be rendered to the above name youth for their care and safety.

The undersigned understands that reasonable and diligent efforts will be made to locate or contact the undersigned in an effort to obtain consent to all medical treatment unless delay in such treatment would be unwise.

The undersigned takes full responsibility for any financial cost, which may be incurred for the care of the above named youth.

Date Parent(s)/Guardian(s) Signature

PLEASE PRINT EMERGENCY INFORMATION

Parent(s)/Guardian(s) Name Child's Full Name

Boy _____ Girl _____

Child's Date of Birth (MM/DD/YYYY)

Emergency contact Name Emergency Contact Phone Number

Cell Number Work Number

Home Address City, State Zip Code

Doctor's Name Doctor's Phone Number

Health Insurance Company Policy/ ID Number

I authorize my child to participate in classes, camps or other activities at SVAC. I acknowledge the inherent risks that may result from my child's participation in such activities which may result in injury, accident, or illness of my child or damage to his/her/our property. I hereby assume these risks, including those caused by negligence of SVAC, and release all claims held by me, my spouse and my child arising from my child's attendance and participation in any such programs.

Parent(s)/Guardian(s) Signature

Please Print Parent(s)/Guardian(s) Name Date

Please note any food/Drug Allergies, behavior and/or medical issues we need to be aware of: _____

PHOTOGRAPHIC PERMISSION FORM

I hereby give consent to use any of photographs taken of _____ (child's name) for advertising, marketing, promotions and publicity, which is to also include photographs of any artwork and/or projects, created at SVAC. I do hereby release SVAC from any claim whatsoever that may arise in said regard.

SVAC
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