



2021 Summer Community Service Participant Form

STUDENT INFORMATION

First Name: _____ Last Name: _____

Incoming Grade: _____ School: _____

PARENT/GUARDIAN INFORMATION (NOTE: We must have complete information for at least one parent/guardian.)

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Emergency contact: _____ Cell Phone: _____

MEDICAL INFORMATION

Medications/Conditions _____

Allergies: _____

Primary Doctor: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor or in the event the designated preferred practitioner is not available by another licensed physician; and 2) the transfer of the teen to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE

Yes No I give my permission for EDGE Teen Center to use photos and/or videos that include my student on its social media sites and website, and in publications, printed materials, and local media.

COVID-19 SPECIAL PERMISSION & WAIVER OF LIABILITY

EDGE Teen Center ("EDGE") has put in place preventive measures to reduce the spread of COVID-19; however, EDGE cannot guarantee that you or your teen will not become infected with COVID-19. Further, attending EDGE could increase your risk and your teen's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by attending EDGE and that such exposure or infection may result in personal illness, injury, permanent disability, and possibly death. I understand the risk of being exposed to or infected by COVID-19 at EDGE may result from the actions, omissions, or negligence of my teen, myself, and others, including but not limited to, EDGE employees, volunteers, and program participants, and parents.

Parent/Guardian Signature _____ Date _____



2021 Summer Community Service COMMUNITY SERVICE PROGRAM PARTICIPATION AND RELEASE AGREEMENT

We are excited about having your teenager participate in EDGE Teen Center's Community Service Program.

By signature below, you acknowledge your awareness of the scope of activities in which your child will participate and recognize that these activities come with some risk and danger. Our adult volunteers and staff will take reasonable steps to ensure the teen's safety. However, there is always a risk in transporting youth from one venue to another. There are also some risks involved during any off-site volunteer activities. Your teenager has your approval, as a parent or legal guardian, to participate fully in all activities, which may include but are not limited to helping to carry and stock food items on shelves, cleaning up both inside and outside facilities, using certain chemicals to help with weeding, riding in the EDGE van or driving to activities themselves. You acknowledge and agree that your teenager has your approval to volunteer at these sites and participate fully in any and all activities unless you specifically direct your child not to participate in certain activities and inform EDGE Teen Center Community Service Program of that specific direction in writing.

You knowingly take responsibility for and voluntarily assume all risks of your teen participating in any of the EDGE Community Service Program Activities, and further agree to indemnify, release, agree not to sue, and fully discharge EDGE Teen Center and all of its directors, officers, employees, volunteers, and agents, as well as other program participants and their parents/guardians, from any and all liability, claims, and demands of whatever kind of nature, in law or in equity, which arise or may hereafter arise from my teen's attendance at and participation in any of EDGE Teen Center's Community Service activities.

AGREED TO:

Participant's Name (please print): _____

Participant's Signature _____

Parent/Guardian Signature:: _____