

Release Waiver/Permission Slip

I, _____ (please print parent/guardian name), being the parent or guardian of _____ (please print student name), do hereby give my permission for my child to participate in the LEAP Intern Program and activities on the dates as noted on the LEAP program's calendar and/or as scheduled from time to time and with notification made to the parents by phone, e-mail, and/or letter.

I understand that my child will be chaperoned on these activities by LEAP Mentors, additional parent volunteers, and/or church staff, and that the transportation will be by private automobile or by hired bus services. I authorize LEAP mentors and staff to visit my child at school, attend classes with child, and receive behavioral and academic progress reports.

I grant staff permission to take photos/video of students to be used in marketing related purposes.

I WAIVE, RELEASE, AND DISCHARGE the L.E.A.P. ORG. from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for participants death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to.

In case of emergency, I am available by phone at the following telephone numbers:

Home: _____ Cell: _____ Other: _____

Program leaders agree to notify the parent as soon as is practical in case of emergency using the above mentioned numbers. Having given this consent, and recognizing that an emergency may occur in which my child may require medical treatment by a doctor or a hospital, I hereby voluntarily consent to such medical treatment as deemed necessary. I agree that I may be financially responsible for the cost of such diagnostic procedures and medical treatments that may be furnished to my child, who is covered by the following health insurance:

Insurance Co. _____ **Policy #** _____

Current Medications: _____

Last Tetanus Injection date: _____ **Allergies:** _____

Special Medical Instructions: _____

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Applicants Signature

Date

Parent/Guardians Signature

Date

For Program Staff:

Date Application Received: _____

Date Application Reviewed: _____

Name of Reviewer: _____