



PARTICIPANT & VOLUNTEER SIGN-UP SHEET
PARENTAL CONSENT FORM/LIABILITY RELEASE
DATE: _____

NAME _____ AGE _____ BIRTHDATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ CURRENT GRADE _____
PARENT NAME _____ PHONE # _____
EMERGENCY CONTACT NAME _____
EMERGENCY CONTACT PHONE # _____

PARENTAL CONSENT:

I, _____, as parent/guardian of _____ do hereby give my permission for my child or ward to attend and participate in activities sponsored by Paddle 4 Autism (P4A). I do hereby hold harmless P4A, its Directors, Officers, Employees, Volunteers or Agents of said organization, for any bodily injury, illness or disease, or for loss or damage to any property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her or my participation.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to secure proper treatment for an order injection or anesthesia or surgery for my child or ward as named above. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to him/her.

The undersigned does also hereby give permission for said child or ward to ride in any vehicle designated by the staff of P4A while attending or participating in activities sponsored by P4A.

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of said child or ward while participating in activities sponsored by P4A to be used, distributed or shown as P4A sees fit.

Participant/Volunteer Signature (if over age 18) _____

Print Name _____ Date _____

Parent/Guardian Signature (if child is under age 18) _____

Print Name _____ Date _____

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority did personally appear _____, who executed this instrument in my presence on this _____ day of _____, 20____, and who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC – STATE OF FLORIDA