

MWR YOUTH PERMISSION SLIP

Please Print Name of Participant(s) _____

PHOTO/VIDEO RELEASE AUTHORIZATION

I give my permission for my youths' photograph/video to be taken during any MWR Youth Activities Event to be used for the purpose of publicity. These photos may be used for program brochures, media productions (ie. Internet), advertisements, photo albums, or news articles.

Signature of Sponsor/Guardian

Date

On behalf of my youth, family members, and myself, I waive any and all claims of legal actions against the U.S. Government, Morale Welfare & Recreation Department, the Youth Program Staff, its chaperones, or any of their agents in case of an accident or injury which occurs from the non-reckless actions of the officials of the above departments.

AUTHORIZATION FOR CONSENT OF MEDICAL TREATMENT

In case of an injury or accident, I hereby authorize medical treatment for my child at the nearest medical facility. It is understood that this authorization is given in advance of any specified diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of the Medical Center to provide any and all such diagnosis, treatment, or hospital care which any Staff Medical Officer, in the exercising of his/her best judgment, may deem advisable in an emergency.

Parent/Guardian Signature

Date

Participant's Address:

Emergency Contact (Name)

Relation:

Home Phone

Work Phone

Cell Phone

Special Concerns of Participant (allergies, etc):

FIELD TRIP PERMISSION

I give my permission for my Youth to accompany the MWR Youth Activities on field trips (walking, van, shuttle, bus). I understand that I will be notified of these field trips in advance and that it is my responsibility to see that my Youth reach the program prior to the time of departure.

Signature Sponsor/Guardian

Date

For further information, call Signe Costales / Jeffrey Shelton to DSN #727-2422 / 727-4721