

Family Reunion at Disney's Magic Kingdom Adult Waiver

The Orlando Youth Alliance is organizing a trip to Disney's Magic Kingdom. Youth members will be chaperoned by adult facilitators, carpooling arrangements are being made by Orlando Youth Alliance.

OYA Members should meet at Old Navy by no later than 7:30 am. Youth members are strongly encouraged to bring sunblock and a water bottle.

Youth members should also bring money for lunch/snacks.

Event Details

Date: June 2, 2018 from 7:30 am to 11:00 pm

Carpool Drop-off /Pick-up Location:

Parking Lot in front of Old Navy, 2566 E Colonial Dr, Orlando, FL 32803

Event Location: Disney's Magic Kingdom at The Walt Disney World Resort, 1180

Seven Seas Dr, Lake Buena Vista, FL 32830

Facilitator Information

Facilitator name: Michael Slaymaker

Phone number: 407-666-7727

Please keep this page for your personal record.

Please complete the second page in full and return to OYA before the activity.

info@orlandoyouthalliance.org

Youth Member Information	
Name:	
Address:	
Phone number:	
Date of Birth:	
Parent Information:	
Name of Parent or Guardian:	
Address:	
Primary Phone:	Secondary Phone:
Relationship to Youth Member:	
IN CASE OF EMERGENCY	
events. In case of an emergency, the part	d secure environment for your child at Orlando Youth Alliance ent listed above will be contacted. In order to better to protect quest that you provide the following information.
Please provide another contact (not living should you not be available.	at the same address) whom you authorize to act on your behal
Emergency contact Name:	
Address:	
Phone Number:	
Relationship to Parent/Youth Member:	
PLEASE INDICATE ON THE BACK OF	THIS FORM
☐ ANY HEALTH CONDITIONS `	OU MAY HAVE.
☐ ANY MEDICATIONS YOU TA	(E, INCLUDING RESCUE INHALERS AND INSULIN.
☐ ANY DIET/MENTAL/PHYSICA	L RESTRICTIONS
Harmless Agreement. In consideration for the right to participate hold harmless and completely discharge volunteers, consultants and contractors, c any and all liability, legal responsibility, clo damage or injury to my person or propert	er or individual to read and understand this Hold in activities at Orlando Youth Alliance, Inc., I hereby release, Orlando Youth Alliance, Inc., its officers and directors, employees and any persons in privity with any of them (together "OYA"), from ims, damages, or causes of action arising from any and all r, including death, that may occur while being provided services f OYA, and hereby waive all such claims or causes of action,
(Members's Signature)	(Date)