



Paradise Cove
Adult Waiver

The Orlando Youth Alliance is organizing a trip to Paradise Cove. Youth members will be chaperoned by adult facilitators.

Event Details

Date: August 5, 2018 **Event Location:** Paradise Cove, Lake Buena Vista, FL 32830

Facilitator Information

Facilitator name: Daniel Niccum

Phone number: 336-655-2898

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

Every effort is made to provide a safe and secure environment for your child at Orlando Youth Alliance events. In case of an emergency, the parent listed above will be contacted. In order to better to protect the safety and health of your child, we request that you provide the following information.

Please provide another contact (not living at the same address) whom you authorize to act on your behalf should you not be available.

Emergency contact Name: _____

Address: _____

Phone Number: _____

Relationship to Parent/Youth Member: _____

PLEASE INDICATE ON THE BACK OF THIS FORM

- ANY HEALTH CONDITIONS YOU MAY HAVE.
- ANY MEDICATIONS YOU TAKE, INCLUDING RESCUE INHALERS AND INSULIN.
- ANY DIET/MENTAL/PHYSICAL RESTRICTIONS

It is the responsibility of each group member or individual to read and understand this Hold Harmless Agreement.

In consideration for the right to participate in activities at Orlando Youth Alliance, Inc., I hereby release, hold harmless and completely discharge Orlando Youth Alliance, Inc., its officers and directors, employees, volunteers, consultants and contractors, and any persons in privity with any of them (together "OYA"), from any and all liability, legal responsibility, claims, damages, or causes of action arising from any and all damage or injury to my person or property, including death, that may occur while being provided services by employees, volunteers or contractors of OYA, and hereby waive all such claims or causes of action, regardless of their cause.

(Members's Signature)

(Date)