



## COCC Youth Program Information and Release Form

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

In consideration for providing my child the opportunity of participating in youth programs, while fully recognizing the dangers and hazards inherent in participating in youth program activities and any related transportation to and from activity events, to the fullest extent allowed by law, **on behalf of myself and my minor child**, I hereby voluntarily agree to **waive and discharge any and all claims of whatever nature and release from liability**, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and **Hold Harmless** the Central Oregon Community College, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorneys fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or losses of any kind which may result from or in connection with my child's participation in youth camp. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child.

In the event that my child may require emergency medical treatment while participating in the aforesaid activities, I authorize the College and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

**I certify that I have read this release and fully understand its contents.** I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

**Medical Information:**

In case of emergency, notify:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Emergency Contact (relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Known allergies (drug or natural) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of heart condition, diabetes, asthma, epilepsy, rheumatic fever, etc. \_\_\_\_\_

Any physical restrictions \_\_\_\_\_

Any addition information you would like us to know about your child \_\_\_\_\_

**I have completed and am submitting herewith a Medical Information form and warrant the completeness and accuracy of the information I have provided.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

