

Hands On Inland Empire
 A Program of Inland Empire United Way
 9624 Hermosa Avenue
 Rancho Cucamonga, CA 91730
 (909) 980-2857 Ext. 228
 Fax: (909) 980-2957
www.HandsOnInlandEmpire.org



TeenLinks Youth Registration Form

 Name of Prospective Volunteer

 Date of Birth

 Name of Parent/Guardian

 Date

 Address

 City

 Zip

 E-mail Address

 Telephone Number

Please read the following agreement and sign below:

I _____ release any liability on the part of **TeenLinks**, and other organizers and participants of the Inland Empire United Way/Hands On Inland Empire (collective "releasees") by reason of injury, death, or other damage sustained or incurred by me or my minor child at or in connection with **TeenLinks**, even if any of the releasees are negligent and cause injury or death to me or my minor child. I further agree that my private insurance, if any, will be the only insurance coverage available to me and my minor child. This releases and waiver of liability covers all suits, damages, cost, medical expenses, claims, damages and attorney fees (collectively "claims").

 Initial

I agree on behalf of myself and/or my minor child to pay, and to protect, indemnify and hold harmless the releasees from and against any claims arising from my or my minor child participating in **TeenLinks** volunteer program including for injury, death, and/or other damage to myself or to my minor child. I further agree on my and/or minor child's behalf to pay, protect, indemnify and save harmless releasees for and against any claims arising for any act or omission of me or my minor child and/or in connection with **TeenLinks**. This indemnity and hold harmless provisions applies even if the negligence of one or more releasees partially or totally causes the damage, injury or death in question. This indemnity and hold harmless provision covers claims brought by me, my minor child, other participants in the TeenLinks program, and/or any other person or entity.

 Signature of Parent/Guardian

 Date

Permission for Publicity:

Permission is granted to photograph and/or use my name or my minors name in publicity for the **TeenLinks** volunteer program and/or for the Inland Empire United Way. This includes but is not limited to newspapers, newsletter, slides and video presentations.

 Signature of Parent/Guardian

 Date



PERMISSION FOR MINOR CHILD TO PARTICIPATE AND CONSENT FOR MEDICAL TREATMENT

I hereby give permission for my minor child _____ to participate in the activities of the **TeenLinks** volunteer program and the Volunteer agency he/she is referred.

I fully understand that my child is to abide by all rules, regulations and instructions governing conduct during these activities. It is understood that any child who violates any of these behaviors standards maybe sent home at the parent/guardian's expense.

In the event of any illness or injury, I hereby consent to any x-ray examine, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licenses physician and/or surgeon as deemed necessary for the safety of and welfare of my child. It is understood that the resulting expenses will be the responsibility of parent/ guardian(s). Whenever possible, attempts will be made to contact the parent/guardian(s) prior to taking any medical action.

Signature of Parent or Guardian

Date

Name of Health Insurance Provider

Policy number

Name of Physician

Telephone number

List any allergies, work restrictions or medical conditions:

List all medications that the child may need or is taking as a result of any health condition (s) listed above:

If unable to contact the above listed parent/guardian, please list an emergency contact:

Name and relationship to minor

Telephone number

Return the signed forms to TeenLinks:

Fax: (909) 980-2957

Mail: Hands On Inland Empire
TeenLinks
9624 Hermosa Avenue
Rancho Cucamonga, CA 91730