

# iNSIDEoUT Parental Release Form (For those age 17 or younger)

For iNSIDEoUT Winter Retreat 2012 and all future iNSIDEoUT events.

[www.iNSIDEoUT180.org](http://www.iNSIDEoUT180.org)

Please complete and mail this form to iNSIDEoUT c/o Amy Glaser 1303 Clarendon St. Apt. B Durham, NC 27705 or email to [iNSIDEoUTamy@gmail.com](mailto:iNSIDEoUTamy@gmail.com). This completed form must be \*received\* no later than January 5, 2011 for your child to attend. If you have questions, please contact Amy Glaser at [iNSIDEoUTamy@gmail.com](mailto:iNSIDEoUTamy@gmail.com) or 919.923.7884.

I, \_\_\_\_\_, hereby give my consent as the parent/guardian of \_\_\_\_\_, for his/her involvement in the iNSIDEoUT Winter Retreat 2012. The retreat will begin at **7pm on Friday, January 13, 2012** and will conclude at **8:30 AM, Sunday, January 15, 2012**. All iNSIDEoUT youth board members will arrive early at 4pm on Friday, January 13, 2012.

I understand that my son or daughter, once at the retreat, must remain there throughout the duration of the event. I understand that appropriate adult supervision will be provided at all times during the retreat. **I give my permission for my son or daughter to participate in a self-defense/judo seminar at the retreat.** I hereby release iNSIDEoUT, its sponsoring organization Outside In 180, and all adult chaperons, board members and advisors from any liability for injuries or accidents, or damage to personal property that may occur during the retreat, including during the self-defense/judo seminar and other athletic activities that will involve a risk of physical harm, and at any future iNSIDEoUT event. I will not make any monetary or other claim against iNSIDEoUT or Outside In 180 or any of their adult volunteers, staff or board members for any injuries or accidents or damage to property that occur during the retreat.

I hereby authorize any adult representative of iNSIDEoUT to act on my behalf in obtaining emergency medical treatment during the retreat **or at any future iNSIDEoUT event** for above named youth. I also agree to pay any costs incurred as a result of such medical treatment. I further agree to pay any costs incurred by or through my child's conduct or negligence, including property damage, personal injury, or any other type of conduct at the retreat and at any future iNSIDEoUT event. By signing below, I release iNSIDEoUT, Outside In 180, adult chaperones, and the owners of any facilities used from any liability beyond their control within the framework of the retreat.

If the behavior of my youth causes any disruption in the planned activity, or if my youth is found with weapons, illegal drugs or alcohol, or dismissed from the event for any other reason, I agree to pick my child up immediately from the site of the event. I understand that tobacco is prohibited at all iNSIDEoUT events.

Initial: _____	_____: Yes, I give permission for the use of my child's name, statements and likeness in images and videos on the iNSIDEoUT website at <a href="http://www.iNSIDEoUT180.org">www.iNSIDEoUT180.org</a> , and by other media sources for educational and publicity purposes. I will not make any monetary or other claim against iNSIDEoUT or Outside In 180 for the use of my child's name, statements and/or likeness on the iNSIDEoUT website or in other media.  _____: No, I do not want my child's name, statements or likeness used on iNSIDEoUT's website or shared with other media sources.
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Initial: _____	_____: Yes, I give permission for my child to ride in a car with iNSIDEoUT adult volunteers and student volunteer drivers. I will not make any monetary or other claim against iNSIDEoUT, Outside In 180 or their drivers for accidents or injuries that may occur while riding in an automobile.  _____: No, I do not want my child to ride in a car with iNSIDEoUT adult volunteers or student volunteer drivers.  _____: I give permission for my child to drive other iNSIDEoUT participants.
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Please list any important information about your child's health, medical history or well-being (including food and insect allergies, important behavioral traits, medication and dosage, etc.). If none, write "none": \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Home Address: \_\_\_\_\_

Parent/Guardian Emergency Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number (if parent/guardian is not available): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_