

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

For iNSIDEoUT Winter Retreat 2011 and all future iNSIDEoUT events.

www.iNSIDEoUT180.org

*Please complete and mail this form to iNSIDEoUT c/o Amy Glaser 1303 Clarendon St. Apt. B Durham, NC 27705. This completed form must be *received* no later than January 28th, 2011 for your child to attend. If you have questions, please contact Amy Glaser at iNSIDEoUT180@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 2011. The retreat will begin at 5:00 pm Friday, February 4th, 2011 and will conclude at 8:00 am Sunday, February 6.

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 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, or at any future iNSIDEoUT event.

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.

Please initial and put check marks on the appropriate lines:

Initial: _____	_____: Yes, I give permission for images and videos of my child and his/her name to be featured on the iNSIDEoUT website at www.iNSIDEoUT180.org for educational and publicity purposes.
	_____: No, I do not want images or videos of my child posted on iNSIDEoUT's website.

Initial: _____	_____: Yes, I give permission for my child to ride in a car with iNSIDEoUT adult chaperons and student volunteer drivers.
	_____: No, I do not want my child to ride in a car with iNSIDEoUT adult chaperons or student volunteer drivers.
	_____: I give permission for my child to drive other iNSIDEoUT participants.

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: _____

Insurance Company: _____

Policy #: _____