

North Olympic Salmon Coalition Youth Permission Form

www.nosc.org – PO Box 197, Port Townsend 98368 – (360)-379-8051



Liability Release

As Parent/Guardian, I am signing on behalf of a minor, I further agree to HOLD HARMLESS AND INDEMNIFY North Olympic Salmon Coalition (NOSC), its directors, trustees, staff, employees, volunteers, agents, associates, and independent contractors from all liability, claims and causes of action which the minor may have arising from the minor's participation in activities, including claims for bodily injury and death, demands or causes of action that are in any way connected with Minor's participation in this activity or the use of NOSC's equipment or facilities, including all such claims that allege negligent acts or omissions of NOSC. The terms of this agreement shall serve as a release and indemnity agreement for my heirs, personal representative, and for all members of my family, including any minors.

I acknowledge NOSC's programs involve known and inherent risks, as well as unknown/unanticipated risks. Inherent risks may include those ordinarily associated with moderate to vigorous physical activity in wilderness terrain. Programs can occur in remote places where communication may be difficult and medical care significantly delayed. Minor's participation in this activity is purely voluntary, and the Minor has elected to participate in spite of the risks.

Medical Care Authorization

I will attest that my child/ward named below is in good health on the dates he/she is volunteering. In case of medical emergency, after every reasonable effort has been made to contact me, the family physician, or relatives or friends named below, I hereby give my permission to the physician secured by the adult in charge of the volunteer activities to hospitalize, secure treatment for and to secure injection, anesthesia or surgery for my child/ward. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment.

Photo Release

In the event my child/ward is photographed or videotaped while participating in a NOSC project, the photo or videotape may be used for promotional or educational materials specific to NOSC or any of their partners or sponsoring agencies.

Parents'/Guardians' Responsibility

I will take the responsibility to see that my child/ward is properly prepared for all activities including having the proper clothing and equipment and being in good health. I will inform the supervising adults of any particular physical, mental, social or other condition of my child/ward of which the supervisor should be aware.

I HAVE READ AND AGREE TO ABIDE BY THE STATEMENTS ABOVE AND AGREE I HAD THE OPPORTUNITY TO MAKE CHANGES OR SUGGEST CHANGES TO THIS AGREEMENT, BUT I MADE NO ATTEMPT TO ALTER OR CHANGE THE WORDING.

Parents or legal guardians must sign for all persons under eighteen (18) years of age.

Parent / Guardian Name: _____ Phone: _____

Parent / Guardian Signature: _____

Emergency Contact: _____ Phone: _____

Participant Name: _____

Date: _____