Encompass Community Services
Participant Waiver and Release

_____
Program Name

_____as my (our) permission to participate in
Name of Minor (Youth)

_____ services during the period of _____ to _____

☒ Services may include transporting my youth in staff vehicles.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for _____,
Youth's name
myself, my heirs, executors and administrators, remise, release and forever discharge **Encompass Community Services** and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event. I hereby certify that the minor is my _____ and that his/her date of birth is_____, and I do hereby certify
Child, Ward

That to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had all the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician. (If none, please write the word "none".)
_____

By signing below, the parties confirm that they have read, understood, and consented to the terms of this waiver agreement.

1._____
Signature Print Name Address/City Phone Date

2._____
Signature Print Name Address/ City Phone Date

3._____
Signature of Encompass staff Date