

Trybe Inc. Master Activity Liability Waiver and Permission Form

(fill out all highlighted areas that apply)

STUDENT NAME: _____ BIRTH DATE: _____

SCHOOL: _____ GRADE LEVEL: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN'S EMAIL: _____

A) PRIMARY EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

Permit to Pick-Up. The following persons are allowed to pick up your child:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Nature of Youth Events: Youth events are sponsored by Trybe Inc. By signing this waiver, you agree that you may be giving up certain legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. You must understand that the nature of Youth events are academic, social, and spiritual in nature and are for youth ages 0-19 years of age, and if questions or concerns arise concerning this, you may contact Trybe Inc. Youth events will take place at a variety of locations throughout the year.

Nature of Risks: I understand that voluntarily traveling to and attending the various Youth events may involve certain risks beyond the reasonable control of Trybe Inc., its staff, volunteers, and sponsors in connection with the various Youth events including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, etc. Trybe Inc., its staff, volunteers, and sponsors disclaim any and all responsibility for any such risks.

Waiver of Liability/Hold Harmless: I, _____, (guardian name here) as parent/guardian of _____ (*youth participant*),

give my permission for my child to attend and participate in the activities sponsored by Trybe Inc.. As the undersigned (parent and/or legal guardian) do hereby release from any liability Trybe Inc., its staff, volunteers, and sponsors in the event of any accident en route, during, and returning from the activities. The undersigned (parent and/or legal guardian) does also hereby give permission for my child to be transported in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in sponsored activities. Therefore consideration of the opportunity to allow the youth to participate in youth outings and activities, the undersigned does hereby forever release and discharge Trybe Inc., its staff, recognized volunteers and sponsors from any and all claims, demands, rights and causes of action of any kind or arising out of any and all known and unknown, foreseen or unforeseen bodily and personal injuries, property damage or the consequence thereof, resulting from any accident, casualty or event involving the above-named youth participant and arising out of participating in Trybe-sponsored youth outings and activities. I understand this means I agree not to sue any and all of the released parties for any injuries or property damage resulting to the above named youth participant during or in connection with his or her participation in Trybe Inc.'s sponsored youth outings and activities.

Signature of Parent or Guardian

Date

Medical Permissions (Limited)/Information: I hereby give permission to the staff, volunteers, and sponsors of Trybe to secure proper treatment for my child as named on this form. Doctor and hospital fees are to be charged personally to the parent or legal guardian or to the insurance of the parent and/or legal guardian of said child. On the occasion that my child may need medical assistance, I understand that it is the responsibility of Trybe, its staff, volunteers, or sponsors to immediately attempt to reach my child's emergency contacts. In addition, if medical assistance is needed, I remain responsible for my child's medical expenses. (Pertinent information about allergies or health problems, present medication and dosage which your child may be taking and any other information that will enable the adult leaders to obtain safe medical treatment for your child, must be included on the attached Student Medication Form.)

This form will be kept on file for 4 years. Please notify us of any changes in medication.

Insurance Information

Insurance Company Name: _____

Policy in the name of: _____ Policy Number: _____

I fully understand the consequences of and sign this **LIABILITY WAIVER AND PERMISSION** knowingly, freely, and willingly. I also agree to notify the Youth Ministry Office of any contact, insurance or medical changes as they occur.

Signature of Parent or Guardian Date

Signature of Youth Participant Date

STUDENT MEDICATION FORM

Does not take any medication Takes medications listed below

YOUTH CODE OF CONDUCT

Youth participants agree to the following:

- Project an image of consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior. Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property. Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew and times of program.
- Attend scheduled activities related to events, arriving promptly to each event, and staying for the event's entirety
- Report problems of any kind to a trusted adult member of the activity/event team
- Travel in no less than groups of three, avoiding situations where they are alone with adults
- Always tell an adult leader where they are going, even if they leave the main event area

Youth participants agree to NOT:

- Possess weapons or fireworks of any kind. Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs or tobacco products
- Engage in any form of sexual activity or sexual harassment
- Use profanity, degrading language of any kind
- Visit or gather in sleeping areas of the opposite gender

Parent/Guardian: I agree to instruct my child to abide by all rules and regulations as outlined in the Participant Code of Conduct as outlined above. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from a Youth event and sent home immediately at my expense, with no right of reimbursement or refund for any amount in connection therewith from Trybe Inc. Parent/Guardian Initials: _____

Youth Participant: As a participant in Youth events, I understand and agree to conform to both the Participant Code of Conduct. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the event and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, tobacco or weapons is cause for automatic dismissal from the Youth event. Youth Participant Initials: _____

MEDIA CONSENT WAIVER: As parent/guardian, I understand that promotional pictures and videos (individual and group) may be taken during these events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, PowerPoint, video, etc.) in highlighting the event for promotion. I release the staff, volunteers, etc. of Trybe any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities. Youth Participant Initials: _____

WAIVER TO RELEASE ACADEMIC INFORMATION

Student Name: _____

I, _____, hereby authorize
[print name of Guardian/Parent]

[insert Principal, Counselor or Teacher names]

at _____
[School Name]

to release my child's academic record information to:
Andrew Park, Jason Brown and academic mentors or tutors in the Trybe Leadership Program.

Signature of Guardian: _____ Date: _____