



**PERMISSION FORM AND ASSUMPTION OF RISK**

I hereby give my written consent to participate/volunteer with Pass It Along (PIA). In consideration of the right to participate/volunteer at PIA and for all events and non-event everyday business with PIA, I hereby assume all risks and accept same and will indemnify and hold harmless PIA from any and all liability claims, actions, causes of action, debts, demands and reasonable attorneys fees and Court costs of every kind and nature whatsoever which may arise from or in connection with my participation with PIA.

I give my permission to Pass It Along its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation with Pass It Along and any Pass It Along related activity or project. This permission slip and consent agreement shall be valid for all activities and function of PIA wherever and whenever and shall be effective in perpetuity.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Print Parent Name if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

This is to certify that I give permission to receive medical services while involved in the Pass It Along program. I understand that neither Pass It Along nor its sponsoring organizations will be responsible for medical expenses incurred by the above-named participant. I will be responsible for all medical expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

Other person to contact in Emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Policy and Number \_\_\_\_\_

Preferred Hospital Provider, if any \_\_\_\_\_