

Youth Permission and Waiver



Illinois Humanities 125 S Clark St., Suite 650 Chicago, IL 60603 (312) 422-5580 www.ILHumanities.org

Illinois Humanities ("Client") is a statewide nonprofit organization that activates the humanities through free public programs, grants, and educational opportunities that spark conversation, foster reflection, build community, and strengthen civic engagement for everyone in Illinois. To this end, Client conducts programs and activities available to Illinois youth. Please complete this Youth Permission and Waiver for each youth prior to his/her participation in the Client program(s) listed below ("Program").

PROGRAM INFORMATION *(To be completed by Client)*

Program Name

Date(s)

Location

Brief Description of Activities:

YOUTH INFORMATION

Youth's Name: First

Last

Address

Apartment Number

City

State

Zip Code

E-mail Address *(If youth age 13 and up, otherwise use parent/custodial e-mail address)*

Telephone Number

Gender

DOB (mm/dd/yyyy)

Grade in School

School Name

Previous Participation. Has your youth participated in a Client program before? If yes, which and when?

Health History. Please describe any medical conditions, including all allergies and current medication, that may affect your youth's ability to participate in the Program. Please list medication and dosage of any medication your youth may need to take during his/her participation in Client programs. Please indicate if your youth carries an EPI-PEN or asthma inhaler.

Physician Name

Physician Phone

Health Insurance Provider

Group Number

Member Number

EMERGENCY CONTACT

Full Name

Phone

Relationship

PARENT/LEGAL GUARDIAN INFORMATION

FIRST PARENT/LEGAL GUARDIAN CONTACT INFORMATION			
Name: First		Last	
Address (If different than youth) City		State	Zip
Authorized to Pickup Youth: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Occupation	Business Telephone	
E-mail Address	Home Telephone	Mobile Telephone	

SECOND PARENT/LEGAL GUARDIAN CONTACT INFORMATION			
Name: First		Last	
Address (If different than youth) City		State	Zip
Authorized to Pickup Youth: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Occupation	Business Telephone	
E-mail Address	Home Telephone	Mobile Telephone	

PERSONS NOT AUTHORIZED TO CONTACT YOUTH (We will contact Parent/Legal Guardian if contact is attempted)

Name: First	Last	Relationship to Youth	Identifying Characteristics
Name: First	Last	Relationship to Youth	Identifying Characteristics

PERMISSION AND WAIVER

By signing below, I, the youth's parent or legal guardian, agree that:

Permission. I grant express permission for my youth to participate in the Program. I understand that my youth may be excluded from participation if he or she does not comply with Client's safety rules and directions.

Awareness and Assumption of Risk. I understand that my youth's activities in the Program have inherent risks that may arise from the activities themselves, my youth's own actions or inactions, the actions or inactions of Client, its directors, officers, employees and agents, volunteers, and others present at the program, transportation to and from Program sites by Client staff and volunteers and dangers and conditions at Program sites. I assume full responsibility for any and all risks of bodily injury, death or property damage caused by or arising directly or indirectly from my youth's presence at Program sites or participation in the Program, regardless of the cause.

Waiver and Release of Claims. In consideration for my youth's participation in the Programs, I waive and release any and all claims against Client, its directors, officers, agents, members, employees, volunteers, and affiliates (collectively, the "Client Parties"), for any liability, loss, damages, claims, expenses and attorneys' fees resulting from death or injury to my youth or property, caused by or arising directly or indirectly from my youth's presence at Program sites or participation in the Program, regardless of the cause and even if caused by negligence, whether passive or active. I agree not to sue any of the Client Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code, which provides that a general release does not extend to certain claims not known to me at the time I signed this waiver and release.

Medical Care Consent and Waiver. I authorize Client to provide to my youth first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon Client to provide such assistance, transportation, or services. In addition, I waive and release any claims against the Client Parties arising out of any first aid, treatment or medical service, including the lack or timing of such, made in connection with my youth's activities in the Program.

Indemnification. I will defend, indemnify, and hold the Client Parties harmless from and against any and all liabilities, losses, damages, claims and attorney's fees that may be suffered by any Client Party resulting directly or indirectly from my youth's presence at Program sites or participation in the Program, except and only to the extent the liability is caused by the gross negligence or willful misconduct of the relevant Client Party.

Publicity. I consent to the use by Client of my youth's image, voice, name and/or story in any format, including video, print or electronic (collectively, the "Materials"), as Client may deem appropriate to promote its programs. Client may make the Materials available at its discretion to third parties, on Client's website, in Client's publications, or through any other media, including social networking websites. I waive any right to inspect or approve the finished product or to receive any payment. I grant to Client all copyrights in the Materials and waive any legal claims, including those relating to copyright, or rights of publicity or privacy.

If you do not wish to agree to this publicity consent, please check this box:

General Provisions. This is the final, complete and exclusive agreement between Client and me and supersedes all prior or contemporaneous communications or understandings, either oral or written. This agreement will be binding to the fullest extent permitted by law. If any provision of this agreement is found to be illegal, invalid or unenforceable, the remaining terms will be effective.

I have read this agreement and understand its terms and that I am giving up certain legal rights by signing it. I sign it freely and voluntarily.

Parent's/Guardian's Name	Parent's/Guardian's Signature	Date
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