

2019 Waiver Form



A.G.S. Interactions

Adults with Special Needs

I/We the parent of the participant of, A.G.S. Interactions weekly social group, monthly dances and other activities, I/We agree NOT to hold A.G. S. Interactions liable for any personal injuries resulting from attending A.G.S. Interactions, including any family member who remains on site during A.G.S. Interactions functions. A.G. S. Interactions will not be responsible for safety and health of any participant, parent/ legal guardian of any A.G. S. Interactions participant.

MANDATORY INFORMATION

NO ONE WILL BE PERMITTED TO ATTEND ANY A.G.S. INTERACTIONS FUNCTIONS, IF THIS SECTION IS NOT COMPLETED

Participant Name _____

Family Physician _____ Phone# _____

Insurance Company _____ Policy# _____

Policy Holder's Name _____

I /We will provide pertinent medical / physical information below to ensure a safe and healthy environment for all A.G.S. Interactions members such as but not limited to: seizure disorder, diabetes, fainting spells, asthma, food allergies, etc.

Please be specific when informing us with this important medical information.

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MEDIA RELEASE

I/We give A.G.S. Interactions permission for videos and photographs of the participant to be used on A.G.S. Interactions Facebook Page and Website

_____ Yes _____ No

Please be advised:

- A parent/legal guardian **MUST** remain on the premises during A.G.S. Interactions events.
- Transportation is **NOT** provided by A.G.S. Interactions.
- A.G.S. Interactions will not be responsible for **ANY** lost **OR** stolen personal belongings.

By signing this waiver form, I agree to the written terms described by A.G.S. Interactions.

Signature is Required:

Parent/ Legal Guardian _____

Printed Name _____

Participant Name _____

Date _____ Cell phone # _____

Contact email _____

This waiver will be valid from January 1, 2019 to December 31, 2019.