

RELEASE AND PARENTAL CONSENT

Services are provided to those who wish to gain skill & enjoyment from one of America's favorite past times. Out of respect for our volunteers & our participants, this is designed to be a safe & clean experience. Appropriate language, behaviors & clothing are expected. Volunteers & sponsors will not be held responsible for any behaviors of participants, nor for watching the participants. Parents / Guardians are encouraged to stay & watch their participant, although not required, & must be on time for pick up. A phone number must be provided where parent / guardian could be reached in the event of an emergency. This release needs to be provided at the first clinic participant attends.

THIS IS AN APPLICATION FOR ENROLLMENT of (child's name)_____ in the Opportunity on Deck Clinics. I request that you accept the application for enrollment in the Opportunity on Deck Clinics. I grant permission to the Clinic's director and volunteers of the Clinics to act on my behalf for the said minor in granting permission for evaluation treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician.

In addition, I hereby release, indemnify and hold harmless Opportunity on Deck, its employees, representatives, agents, directors, officers, sponsors and volunteers, with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by negligence or otherwise, from all claims, present or future, on account of any injuries which may be sustained by my son/daughter while attending Opportunity on Deck Clinics.

I grant to Opportunity on Deck, its representatives and employees the right to take photographs of my son/daughter in connection with their clinics. I authorize Opportunity on Deck, to copyright, use, and publish the same in print or electronically. I agree that Opportunity on Deck may use such photographs of my son/daughter with or without their name for any purpose, including for example such purposes as publicity, illustration, advertising, and web content.

THIS RELEASE shall be binding to the fullest extent permitted by law. If any provision of this Release is found to be unenforceable, the remaining terms shall be in force. This release shall be interpreted in accordance with and governed in all respects by the laws of the State of Iowa in Polk County, Iowa.

I HAVE READ this Release, and I fully understand its terms, and understand that I have given up legal rights by signing it, and I sign it freely and voluntarily without any inducement.

Participant Name: _____ Age: _____ Grade in School: _____

Parent / Guardian Permission & Agreement of Terms (Signature): _____

Emergency Phone Numbers to Reach Parent / Guardian if Needed: _____