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**WAIVER AND AUTHORIZATION FOR TREATMENT**

The health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the T.A.P.S assumes no responsibility for injuries or illness which my child may sustain as a result of his/her participation in After School, athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activities. I agree to hold harmless the T.A.P.S, its staff and volunteers for accidents of injuries arising out of my child’s participation in activity.

While the T.A.P.S will make every effort to provide reasonable accommodations for mentally and physically challenged children, After School will not accept children who are (1) of danger to themselves, (2) of danger to others, (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy the After School programs. Any of the above reasons will be grounds for dismissal from After School. A parent/guardian must discuss special conditions or circumstances involving their child with the director. This must be completed prior to registration so that the administration may make a determination if reasonable accommodations may be made for your child.

I agree to have my child examined medically within a reasonable time period by the family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the T.A.P.S director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for myself/or my child. In the event that I cannot be reached in an emergency, I herby give permission to the physician selected by the T.A.P.S director to secure and administer treatment including hospitalization for my child.

I understand that no accident or medical insurance is provided with this activity. I give permission to the T.A.P.S, without limitation or obligation to use photographs, film footage, tape recordings which may include my child’s image and/or voice for purposes of promoting or interpreting T.A.P.S programs and release the T.A.P.S from any claim of liability to that use. I give my consent for my child to leave the T.A.P.S site, participate in authorized T.A.P.S trips and to ride in authorized vehicles for the purpose of transportation in connection with the T.A.P.S program.

I have read and agree to all the policies set forth by T.A.P.S. Inc. and by the T.A.P.S Programs.

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