



## PERMISSION TO PHOTOGRAPH

I GRANT SOUTHSIDE HOPE CDC INC., AND/OR PARTIES DESIGNATED BY THE ORGANIZATION, THE RIGHT TO USE MY CHILD'S PHOTOGRAPH, VOICE, OR LIKENESS IN ANY PROMOTIONAL MATERIAL WITHOUT NOTICE OR PAYMENT. THIS MAY INCLUDE, BUT NOT LIMITED TO, PHOTOGRAPHY, VIDEO FILMING AND SOCIAL MEDIA.

I GIVE PERMISSION FOR IMAGES TO BE USED FOR THE FOLLOWING CHILD(REN) UNDER 18 YEARS OF AGE:

|              |       |
|--------------|-------|
| _____        | _____ |
| CHILD'S NAME | AGE   |
| _____        | _____ |
| CHILD'S NAME | AGE   |
| _____        | _____ |
| CHILD'S NAME | AGE   |

I UNDERSTAND THAT THESE IMAGES MAY BE VIEWED BY ANYONE, BUT FULL NAME WILL NOT BE USED UNLESS WRITTEN AUTHORIZATION IS GIVEN.

|                           |       |
|---------------------------|-------|
| _____                     | _____ |
| PARENT/GUARDIAN SIGNATURE | DATE  |



## YOUTH PROGRAM LIABILITY WAIVER

As the parent/guardian of \_\_\_\_\_  
(print child's name(s), I hereby give permission for my child to participate in the Southside Hope FitForLife Ohio Summer Youth Camp. I understand Southside Hope is a nonprofit charitable organization, which is providing this program for my child through funding provided by the Columbus Recreation and Parks Department. I understand that the program has activities that involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no injuries or conditions that could jeopardize her safety or health, or the safety or health of other participants.

I give permission for the staff, representative, Southside Hope, or volunteers of Southside Hope to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly because of my child's participation in the Southside Hope FitForLife Ohio Summer Youth Camp, whether or not resulting from negligence, and I agree not to sue Southside Hope CDC, its affiliated partners and programs, representatives, staff, or volunteers on any such claim.

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SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

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PRINT FULL NAME

---

DATE



## EMERGENCY CONTACT INFORMATION

|   |                            |                   |  |
|---|----------------------------|-------------------|--|
| CHILD'S FIRST NAME  |                            | CHILD'S LAST NAME |  |
| AGE   | DATE OF BIRTH              | GRADE (THIS FALL) |  |
| DOES CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS?<br><br><input type="checkbox"/> YES<br><br><input type="checkbox"/> NO | IF YES, PLEASE LIST BELOW. |                   |  |
| OTHER INFORMATION   |                            |                   |  |

### In case of emergency, contact:

| CONTACT NAME | PHONE (INCLUDE AREA CODE) |
|--------------|---------------------------|
|              |                           |
|              |                           |

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE



# FOREVER FREE FITNESS PARTICIPANT RELEASE AND LIABILITY WAIVER

Participation Release for: \_\_\_\_\_ (Child's Name)  
\_\_\_\_\_ (Child's Name)

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that my child(ren) may experience or incur in connection with my child(ren)'s attendance at, or participation in activities facilitated by LaTanya Settles aka Forever Free Fitness, LLC.

On behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless all employees and independent contractors of Forever Free Fitness, program participants and their families from any claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE



# YOUTH AGREEMENT AND RELEASE OF LIABILITY

This agreement is between (PRINT NAME OF PARENT/LEGAL GUARDIAN)

\_\_\_\_\_ and Sacred Healing Spaces, LLC, its employees, and affiliated organizations, their agents, staff, employees, volunteers, board officers and directors, hereinafter referred to collectively as "Sacred Healing Spaces, LLC."

In consideration for enrollment in this course, I make the following statements, promises and agreements:

I am the parent or legal guardian of (PRINT NAME(S) OF CHILD(REN):

\_\_\_\_\_

(1) I am aware that this Sacred Healing Spaces, LLC course involves full contact, physical training. I am voluntarily allowing my child(ren) to participate in this activity with full knowledge of the danger involved, and I agree to accept any and all risks of injury and emotional trauma for myself and my children. I release Sacred Healing Spaces, LLC from any and all liability of any nature for any and all injury to any person or property, during my child(ren)'s participation in the Sacred Healing Spaces, LLC course.

\_\_\_\_\_ (INITIAL)

(2) I verify that my child(ren) does not, to my knowledge, have an emotional or physical condition (including pregnancy) which would endanger my child(ren) through participation in the Sacred Healing Spaces, LLC course. I agree to disclose to Sacred Healing Spaces, LLC any current or recent physical or emotional condition which might be affected by my child(ren)'s participation.

\_\_\_\_\_ (INITIAL)

(3) I understand that the training taught in the course is defensive training and is to be used only for self-defense and not to be used to intentionally escalate any situation. I understand that participation in the course in no way guarantees my child(ren)'s safety in a real-life situation.

\_\_\_\_\_ (INITIAL)

(4) I release completely and fully Sacred Healing Spaces, LLC from any and all liability which may result from use of any of the techniques learned in the course.

\_\_\_\_\_ (INITIAL)

(5) I agree to defend, indemnify, and hold Sacred Healing Spaces, LLC free and harmless from any demands of any nature or resulting from a claim of injury, or emotional trauma, or damage to person or property through my child(ren)'s use of these techniques. I agree that I am accepting full responsibility for the actions of my child(ren).

\_\_\_\_\_ (INITIAL)

(6) I understand that if my child(ren) or I disclose a situation which involves child abuse which is not already being dealt with, that Sacred Healing Spaces, LLC is legally obligated to report this to the appropriate authorities.

\_\_\_\_\_ (INITIAL)

(7) I understand that the owner of the property where this course is held assumes no legal responsibility to students or to the organizers other than their legal duty owed to their invitees on to their property.

\_\_\_\_\_ (INITIAL)

### **Authorization to Procure Medical Care and Treatment:**

I, the undersigned, am the parent or legal guardian of (NAME(S) OF MINOR(S),

\_\_\_\_\_ and hereby authorize the Sacred Healing Spaces, LLC staff, adults into whose care the minor(s) has been entrusted, to consent to any X- ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care to be rendered to said minor(s) under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practices Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist under the provisions of the Dental Practice Act.

The **phone number** where I can be reached during this workshop is: \_\_\_\_\_

The name & telephone number of my preferred physician:

\_\_\_\_\_ My preferred hospital is: \_\_\_\_\_

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A FULLY ENFORCEABLE CONTRACT BETWEEN ME AND SACRED HEALING SPACES, LLC AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE