

WESTERN COLORADO ALLIANCE
PARENTAL AUTHORIZATION AND RELEASE FORM

NAME OF PARTICIPANT _____

BIRTHDATE _____ AGE _____

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____ ZIP _____

PRIMARY PHONE _____ EMAIL _____

EMERGENCY NAME AND NUMBER _____

NO WEAPONS, TOBACCO PRODUCTS, DRUGS OR ALCOHOL ARE PERMITTED ON THIS TRIP

1. I, the undersigned, am a parent, legal guardian, or managing conservator of the above-mentioned participant (hereinafter, "my student") and warrant that I have the authority to enter into this agreement. I give my consent and permission for my student to participate in the Western Colorado Alliance 2022 Lobby Trip & travel to Denver, CO.
2. In consideration for my student being permitted to take part in the Western Colorado Alliance 2022 Lobby Trip, I hereby agree to waive, release, indemnify and hold harmless Western Colorado Alliance or any of its subsidiaries, including without limitation, the Western Slope Youth Voice program, their respective employees, board members, members, volunteers, or other agents and servants (hereinafter, "Releasees") from any and all claims, suits, losses, damages, causes of action, expenses of litigation and/or settlement, or other liability by reason of any accident or injury suffered by my student, which may arise in connection with these activities, whether or not caused by or alleged to be caused by the negligence of the Releasees.
3. I am fully aware of the risks involved and potential hazards connected with the Western Colorado Alliance Lobby Trip, and hereby elect my student to voluntarily participate in such events and activities. I further agree to work within the guidance and direction of the staff and other agents of the Releasees. I voluntarily assume any responsibility for any risks of loss, property damage, or personal injury, including death, arising from participation in the above-mentioned events - my student's participation in events and activities, and use of the premises, facilities, and/or any equipment, is undertaken solely at our own risk.
4. I further hereby agree to indemnify and hold harmless the Releasees from any and all losses, damages, other causes of action, expenses of litigation and/or settlement, or other liability related to personal property belonging to or under the custody or control of my student at the events described above.
5. I hereby warrant that to the best of my knowledge, my student is in good health, and I assume all responsibility for the health of my student. I acknowledge that a current Medical Consent Form is on file with the Western Colorado Alliance. I certify that my student does not have any of the following COVID-19 symptoms as outlined by the Center for Disease Control: shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, loss of taste or smell. I acknowledge and understand that my student's voluntary participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While personal discipline may reduce this risk, the risk of serious illness and death does exist.
6. In signing this release, I acknowledge and represent that I have read the foregoing Parental Authorization and Release Form, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; I execute this release for full, adequate and complete consideration fully intending to be bound by same. I understand and agree that this release is required as contractual consideration to Western Colorado Alliance for allowing my student to participate in any and all events and activities, and that my agreeing to this release of liability is required in order for my student to participate in Western Slope Youth Voice events. **If an accident were to occur, you and the young person (by signing this Agreement) would be giving up legal rights and incurring legal liabilities.** If any part of this Agreement is held invalid, the rest of the provisions shall remain in effect. If you do not understand any part of this Agreement, you should not sign it and speak with your legal advisor.

BEFORE SIGNING, CAREFULLY READ THIS ENTIRE AGREEMENT

PARENT/GUARDIAN SIGNATURE

DATE

WESTERN COLORADO ALLIANCE YOUTH MEDICAL CONSENT FORM

To the best of my knowledge, my student _____ is in good health.
In the event of circumstances which indicate that my student is in need of medical care, I authorize Western Colorado Alliance representatives to consent to any necessary treatment, or hospital care in accordance with standard medical practice by licensed medical personnel. I release and agree to hold Western Colorado Alliance and its affiliates and/or agents, their employees and volunteers harmless from any claims due to illness or injury suffered by my student in the course of receiving such medical responsibility and consequences that may arise as a result of this treatment.

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____ ZIP _____

PRIMARY PHONE _____ WORK PHONE _____

If you are unable to reach me, please contact:

NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

MEDICAL INFORMATION (Please print):

STUDENT'S PHYSICIAN _____ TELEPHONE _____

STUDENT'S ALLERGIES _____

STUDENT'S MEDICATIONS (DOSAGES, FREQUENCY, ETC.) _____

OTHER INFORMATION:

STUDENT'S DATE OF BIRTH _____ INSURANCE CARRIER _____

POLICY NUMBER _____ PARENT/GUARDIAN'S EMPLOYER _____

I grant permission to the employees and agents of Western Colorado Alliance to give my student non-prescription drugs in the event circumstances reasonably demonstrate that my student is in need of such non-prescription drugs.

PARENT/GUARDIAN SIGNATURE

DATE

WESTERN COLORADO ALLIANCE PHOTO RELEASE FORM

I agree to grant Western Colorado Alliance and its authorized representatives permission to record on photography film and/or video, pictures of my student's participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote Western Colorado Alliance, the Western Slope Youth Voter Initiative, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

PARENT/GUARDIAN SIGNATURE

DATE