



TC2 Youth Leadership & Prevention Summit Permission Slip

This form must be completed and signed with the registration form to ensure registration to the summit. If youth is under 18, a legal or parent/guardian must sign for youth

The undersigned parent/guardian gives consent for _____ to attend the 2012 TC2 Youth Leadership & Prevention Summit sponsored by the Clark County Drug Action Team (CDAT), PREVENT! Coalition, and the Clark College Addiction Counseling Education Students (ACES) Club. The aforementioned summit will be held at Clark Community college. Said parent/guardian acknowledges that no benefits are derived from CDAT, PREVENT! or ACES by reason of youth's participation in the summit, and the parent/guardian or youth, or to the person or property of their parties stemming from or in any way related to the youth's participation in the summit. The undersigned parent/guardian agrees to hold harmless and indemnify and defend CDAT, PREVENT! or ACES, their elected officials, officers, employees, agents, volunteers contractors, and facilitators from against all liabilities (including without limitation all claims, losses, damages, penalties, fines, and judgments, associated investigation an administrative expenses and defense costs, including but not limited to reasonable attorney's fees court costs and costs of alternative dispute resolution) regardless of nature type or cause arising out of or resulting from or in connection with the activities for which permission is being given.

_____initials

I have read and understand this Consent and Hold Harmless Form and accept its terms and conditions of the youth's participation in the 2012 TC2 Clark County Youth Prevention Summit and warrant that I have the authority to sign as a parent or legal guardian of the youth named above. I understand that participation in this activity is voluntary

Name of youth: _____ Name of parent /guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Medical Release and emergency Info:

Allergies _____ Food Allergies: _____

Existing medical conditions: _____

People to contact in an emergency:

1) _____ relationship to youth _____ Phone _____

2) _____ relationship to youth _____ Phone _____

Medical Insurance Info: Insurance Company: _____

Member number: _____ Group number: _____

Media Release: I give permission for my/my child's picture to be used by the TC2 Youth Summit sponsors for educational and promotional purposes:

Youth signature: _____ date _____

Parent/Guardian Signature: _____ date _____

Mail form to PREVENT Coalition 2500 NE 65th Ave. Vancouver WA 98661 or Submit at time of event check-in.