

THE SALVATION ARMY – SOUTHERN CALIFORNIA DIVISION

MINOR PARTICIPATION AUTHORIZATION AND WAIVER



I, _____, authorize _____
(Print Parent or Guardian Name) (Print Minor's Name)

(the Participant) to participate in Henley Youth Center (the Activity) on the premises of The Salvation Army.

Beginning _____ and ending _____.

Start Date

End Date

I represent and warrant that the Participant is in good health and of sufficient physical fitness to participate in the Activity, and I do not know of any physical condition which would prevent the Participant's participation, cause harm to the Participant, or cause harm to others.

I understand that participation in the Activity places the Participant at risk for serious personal injury, including death, and loss resulting from any number of factors including, but not limited to, the physical condition of the facility, use of equipment, weather that may be experienced, and conduct of other participants. In addition, the Activity poses the following specific risks: broken bone, cut, laceration, scrape, or head injury including, but not limited to, those to the face or mouth.

In consideration for the Participant's opportunity to participate in the Activity, I agree on behalf of myself and on behalf of the Participant, as well as our estates and assigns, to relieve The Salvation Army and its officers, directors, employees, volunteers, and agents from any and all liability, including without limitation negligence, in connection with any injury, loss, or damage to person, including death, or any injury, loss, or damage to property in connection with Participant's participation, to the maximum extent permitted by law.

I hereby authorize the employees, volunteers, and agents of The Salvation Army to provide reasonable and necessary emergency medical treatment for the Participant while the Participant is participating in the Activity, if The Salvation Army determines in its discretion that such treatment is necessary. I further agree to pay for any such reasonable and necessary medical treatment upon presentation of the medical provider's bill or statement. I accept full financial and legal responsibility for the Participant's conduct during participation.

I understand that by signing this Participation and Authorization Waiver, I give up my right and the Participant's right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Participation and Authorization Waiver shall remain unaffected.

Signature

Date

Printed Name and Relationship

Emergency Phone

Address

City, State, ZIP

Additional Contact: Printed Name and Relationship

Emergency Phone