

Youth Activity Centers

Excursion/Field Trip Waiver and Medical Authorization

I hereby give permission for my child, _____, to participate in Youth Activity Center activities/field trips from **June 10th, 2024**, through **August 2nd, 2024**. Prior to each activity/field trip, and only after I have signed this excursion/field trip waiver and medical authorization form, I understand that my child can participate in the activities/field trips in the above designated period only after Youth Activity Centers staff have obtained my verbal/written permission.

I fully understand that my child is to accept all rules and requirements governing conduct during the activity/field trip. It is understood that any child determined to be in violation or unfulfilling of these behavior standards will be barred from future activities/field trips.

I, the undersigned, hereby release and discharge the Los Alamos Family Council, Inc. officers, employees, agents, servants, and volunteers (herein collectively referred to as "agency") from all liability arising out of or in connection with the above-described activities/field trips. For the purpose of this agreement, liability means all claims, demands, losses, causes, heirs, executors, administrators or assignees may have against the agency or that any other person or entity may have against the agency because of death, personal injury or illness, or because of any loss or damages to property that occurs during the above-described activities/field trips and the results from any cause other than the negligence of the agency.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent/guardian(s) or participant.

Signature of Parent or Guardian

Date

Address

Telephone Number

Signature of Youth Activity Center Participant

Date

In the event of illness or accident, please notify:

Name

Relationship to Child

Address

Telephone Number

***Please add first and last names of siblings on the additional lines provided:**

Signature of Youth Activity Center Participant

Date

Signature of Youth Activity Center Participant

Date

Signature of Youth Activity Center Participant

Date