# Triumphant Leaders of D.M.V. Youth Program

# Waiver, Assumption of Risk and Release

After reviewing this form, please fill out all information and place your signature where required, authorizing your child’s participation in the **Triumphant Leaders of D.M.V. Youth Program**.

PLEASE **PRINT**

## Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Phone(s)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_assume the risks of personal injury participating in the Triumphant Leaders of D.M.V. Youth Program.

I understand that participants of Triumphant Leaders of D.M.V. Youth Program may travel in a Triumphant Leaders of D.M.V. Youth Program owned or a volunteer’s personal vehicle to attend different events.

I hereby release any and all rights for claims and damages I may have against Triumphant Leaders Of D.M.V. Youth Program, its trustees, officers, employees and agents, including faculty, staff members and supervisors, in any manner due to any personal injury or property loss sustained by my child as a result of he/she traveling to and from the destination(s) and/or my participation in the activities associated with the program, including any activities he/she engage in during he/she free time while participating in the program. I will not hold Triumphant Leaders of D.M.V. Youth Program responsible for liability for injury or damages arising from the result of my child participation in this program unless it is due to willful or intentional misconduct or negligence on the part of Triumphant Leaders of D. M. V. Youth Program.

I hereby give permission for the faculty or staff member coordinating the program to authorize emergency medical care on my behalf, if necessary, while participating in the program.

Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

Signature of Parent/Guardian if child is not at least 18 years old:

## Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Parent’s Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: If your child currently has a condition (i.e. medical, disability or other issues) that will require accommodation to participate in this program, please contact the program director Kevin Cannaday at

(202)683-0575 for any special instructions to properly assist your child in case of any emergency.