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Helderberg Family and Community Organization, Inc. 2023 Participant Waiver

Child's Name	DOB
Address	
Medical Conditions/Allergies/Medications	
Parent/Guardia	an Contact Information
Name	
Phone (H)	(C)
Email Address	
Name	
Phone (H)	(C)
Email Address	
Emorgoney Contact In	formation (Other than parent)
Name	(C)
Relationship	
Phone (H)	(6)
	(C)
Relationship	
In the event of an accident or illness, I give m	ay normission for my shild to be treated by
	ly permission for my child to be treated by
appropriately trained medical personnel.	
Signature	Date
Hospital Preference	
Participa	tion Agreement
I, the undersigned, do hereby give permission	n for my child,
to attend and participate in activities sponso	red by the Helderberg Family and Community
Organization (HFCO) during the period of Jan	uary 1, 2023 to December 31, 2023.
By signing below, I affirm that I have voluntar	rily chosen to allow my child to participate in HFCO
	participating safely in HFCO activities. I agree to
	tion that may affect his/her ability to participate in
•	t not limited to information regarding asthma,
allergies, physical and/or emotional limitatio	

Risks and Rules

All activities have inherent risks. Although precautions will be taken, it is not possible to ensure the safety of all participants. Some of our activities are inherently dangerous and participants may suffer cuts, bruises and sprains. Serious injuries are possible, including injuries to bone and joints, paralysis or death. Participants are expected to follow all safety rules as explained by the instructor or facilitator. Participants are expected to follow all behavioral expectations as outlined in the HFCO Code of Conduct.

Liability Release

Participation in HFCO activities carries a certain inherent risk that cannot be eliminated, regardless of the care taken to avoid injuries. These injuries include: (1) minor injuries such as scratches, bruises and sprains; (2) major injuries such as bone or joint damage, and concussions; to (3) catastrophic injuries including paralysis and death.

I agree to indemnify and hold harmless the Helderberg Family and Community Organization, Inc., its officers, volunteers, and agents acting on behalf of the HFCO, any all and claims, actions, suits, procedures, costs (including but limited to any medical treatment secured on my child's behalf) expenses, damages and liabilities, including attorney fees, brought on as a result of my child's involvement in HFCO activities.

Name of Parent/Guardian	
Signature	Date
Photo Relea	se
Helderberg Family and Community Organization's ever photographed and recorded. I agree that my child/dep and recorded while participating in a HFCO sponsored said photos and recordings, without compensation or a its website and in social and printed media venues. I w organization, including but not limited to: libel, invasio associated with the publication of my child's likeness. I have read and understand the permissions granted at not expire, and I certify that I am the parent/guardian in	endent's likeness may be photographed event. The HFCO retains the right to use approval, in publications, productions, on ill not seek any claim against the n of privacy, or any right of publication bove, understand that this agreement does
Name of Parent/Guardian	

note that your child may be temporarily removed from an activity in order to honor your wishes.