

“BIS KIDS” RELEASE FORM
THE BELIEVE IN SOBRIETY FOUNDATION

Mail to:

BIS KIDS

30025 Alicia Pkwy, # 195
Laguna Niguel, CA 92677-2090

or

FAX: 949-388-2618

Name of Participant

Name of Parent or Guardian

Street Address

Phone

Emergency Contact

Phone

Relationship

I am aware that participation in the **The Believe In Sobriety Foundation’s** BIS KIDS children’s program involves certain activities which may be physically demanding for children. Therefore as a participant my child must be free of medical or physical conditions which might create undue risk. I understand that physical strength is not necessary, although being in good physical condition will increase enjoyment of the activities.

I am aware that these activities involve a risk for injury or illness to my child. I acknowledge that I am aware of and assume all risks and wish to allow my child to participate in these activities. I assume full responsibility for my child for any loss, injury or inconvenience they may experience. To the extent that I participate in such activities, I do so voluntarily and assume any and all risk of injury to my person or property. I agree to indemnify and hold harmless The Believe in Sobriety Foundation and all it’s subsidiaries and officers from any and all liability incurred as a result of participation by myself or my child. I also agree that the term hereof shall serve as a release and assumption of risk for my heirs, executors and administrators, and for all members of my family.

Signature of Parent/legal guardian

Date

Medical Information: It is necessary for us to know if your child has any medical considerations. If not, please write "no". If so write "yes" and describe in detail and send any medications to us. You may write long answers on the back of the form.

Chronic medical condition

Allergic reactions to: (bee stings, insect bites, poison oak, food or medication)

Surgery, sprained muscles or broken bones within the past 12 months

Authorization to treat a minor. In the event I cannot be reached in an emergency .I hereby give permission the person named as emergency contact to authorize medical and hospital care of my child, and if such person cannot be contacted, I give permission to the physician selected by The Believe in Sobriety Team to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Signature Parent or legal guardian

Date