PARTICIPANT INFORMATION AND RELEASE AGREEMENT

Child's name: _____ **Age:** _____

Parent/guardian's name: _____

Home phone: _____ Cell phone: _____

Second parent/guardian's name: _____

Home phone: _____ Cell phone: _____

In addition to the names above, I hereby authorize the following adults aging 18 or older to be contacted and/or pick up my child at the end of the event or in an emergency in a situation when the above cannot be reached or are unable to pick up the child.

Alternate emergency contact (other than parent/guardian – please list all available phone numbers):

Name: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____

Second alternate emergency contact (other than parent/guardian – please list all available phone numbers):

Name: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____

Allergies: □ No known allergies.   **OR**   This child is allergic to…
     □ Food   □ Medicine   □ The environment (insect stings, hay fever, etc.)   □ Other
     If your child has an allergy, please describe below what the child is allergic to and the reaction seen.

Diet/nutrition: □ This child eats a regular diet.   □ This child has special food needs (describe below).

Restrictions: □ I have reviewed the program and activities and feel the child can participate without restrictions.
          □ I have reviewed the program and activities and feel the child can participate with the following restrictions
           or adaptations listed below:

Media release: □ I give permission for images of my child, captured during regular and special Hill House activities
          through video, photo and digital camera, to be used solely for the purposes of Hill House for
          promotional material and publications.
          □ I do not give permission for images of my child to be used for Hill House's promotional material.

Other information Hill House should know:

_____

The individual whose signature appears below acknowledges and accepts the risks inherent in the use of Hill House facilities and participation in all its programs and agrees not to hold Hill House, its staff, volunteers or board of directors liable in any injury, loss and/or damage to his or her property or person is to occur.

Parent/guardian name: _____Relationship to child:_____

Signature: _____ Date: _____