

AHEA Childrens Program Waiver Form

This medical and legal release **MUST** be completed and signed in order for your child to participate in AHEA Childrens Program.

I _____ (parent/guardian) give my
permission to _____
(child/ren) to participate in AHEA Childrens Program.

By signing this form, I am acknowledging that I understand that there are inherent risks associated with the use of inflatables and that I am giving my children listed above permission to play on the inflatables which will be part of the AHEA Children's Program

In the unlikely event of an emergency I authorize AHEA volunteer staff to act on my behalf and to have my child/ren treated by a qualified first responder and if necessary to transport to an accredited physician in an approved emergency clinic or hospital.

I further release AHEA and its officers and/or leadership in the event of an accident en route, during and returning from the daily activities of AHEA Childrens Program.

Name of parent/guardian (please print) _____

Signature of parent/guardian _____

Date: _____

Photo/Video release

I hereby give my permission for images of my child captured during AHEA Childrens Program, through video/photo/digital camera to be used solely for the purposes of AHEA promotional material and publications, and waive any rights of compensation or ownership thereto.

Signature of parent/guardian _____

Date _____