

**MEMBER NAME:** \_\_\_\_\_  
*First Middle Last*

**ADDRESS** \_\_\_\_\_  
*Number & Street City, State Zip*

**DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE (this Fall)** \_\_\_\_\_

**Father or Guardian**

**Mother or Guardian**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Place \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Place \_\_\_\_\_  
 Work Phone \_\_\_\_\_

**Emergency Contact (other than parents)**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ PH: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ PH: \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

List any health, physical or mental information that we would need to know (such as allergies):  
 \_\_\_\_\_

Please Circle One in Each Box Below

Racial/Ethnic Profile	Family Composition	Primary Language Spoken at Home	Household Income Level
Aisian	Living with Both Parents	English	Under 10,000
Black/African American	Living with Mother only	Spanish	10,000—20,000
Hispanic/Latina	Living with Father only	Japanese	20,001-30,000
Multiracial	Living with One Parent at a Time (joint custody)	Other	30,001-50,000
White	Living with Neither Parent		Greater than 50,000
Other			

**Does your child receive free or reduced lunches at school? Yes No**

**Picture Use Permission:** I give permission to Girls Inc. to take photos of my child (member named above) and use them solely for the purpose of their website, promotional material, and affiliate display. To insure safety, names of the participants will not be posted on the website.

**I have received or have access online to the Parent Handbook** containing all of the policies and procedures of Girls Inc. of Jackson County program. I am in agreement with them and understand my child and I will be required to adhere to these policies or Girls Inc. of Jackson County will take appropriate action in the event of infractions.

**Medical Permit:** I do hereby authorize a staff member of Girls Inc. of Jackson County to render first aid or to request or consent to any reasonably necessary medical or dental treatment, including anesthesia, surgical and hospital care, to be rendered to the above named minor on the recommendation and supervision of any dentist, physician or surgeon licensed to practice medicine by any state.

**Travel Permit:** Member (name above) has my permission to travel with Girls Inc. to participate in a club sponsored event. I will not hold Girls Inc. of Jackson County, its employees, its officials or owners of vehicles providing transportation liable in the event of accident or injury to my daughter while on a club sponsored trip. It is understood that the Girls Inc. management will make every effort to assure the safety of all Girls Inc. members while they are participating in any Girls Inc. program or trip.

\_\_\_\_\_  
 Signature of Parent or Guardian for medical & Travel permission as described above.

\_\_\_\_\_  
 Date

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Girls Inc. of Jackson County has put in place preventative measures to reduce the spread of COVID-19; however, Girls Inc. of Jackson County **cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_\_ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at Girls Inc. of Jackson County result from the actions, omissions, or negligence of myself and others, including, but not limited to, Girls Inc. of Jackson County's employees, volunteers, and program participants and their families.

\_\_\_\_ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Girls Inc. of Jackson County.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Girls Inc. of Jackson County, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Girls Inc. of Jackson County, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Girls Inc. of Jackson County.

\_\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_ INITIALS In the event that I file a lawsuit, I agree to do so in the state where Girls Inc. of Jackson County is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

\_\_\_\_ INITIALS I **have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

\_\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation at Girls Inc. of Jackson County, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

\_\_\_\_ INITIALS **I agree that I will practice safe social distancing and clean hygiene during my participation at Girls Inc. of Jackson County.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_