

## LIABILITY WAIVER

You/Your child are/is invited to participate in Girls Ref the World (GRoW) offered by J's Braintrust.

What: Girls Ref the World

Where: Omaha Home for Boys (4343 North 52<sup>nd</sup> Street, Omaha, NE 68104)

If you/your child are interested in participating in this activity, please fill out this

Date: TBD

Signature:

Date:

Time: 6:00 p.m. – 8:00 p.m.

notice and return to <u>j.williams@jsbraintrust.org</u> OR provide this completed form to staff on first date of training. Those who do not have a completed liability waiver WILL NOT be able to participate. No exceptions. I give permission for me/my child to participate in the activity listed above. I DO NOT give permission for me/my child to participate in the activity listed above. Participant Name: \_\_\_\_\_\_ DOB: School/Program affiliation: \_\_\_\_\_\_ By registering and participating in this event, I consent to the recording of mine/my child's likeness, image, and/or voice and authorize the J's Braintrust/EPIC for Girls to use photographs, video, and audio recordings containing mine/my child's likeness, image, and/or voice in any medium for any purpose. In the event of an emergency, I give consent for me/my child to receive medical treatment as may become necessary and will not hold J's Braintrust and its programs liable. Printed Name: \_\_ (parent/guardian if under 19 years of age)

(parent/guardian if under 19 years of age)



| Participant Name (continued p                                       | age 2):          | · · · · · · · · · · · · · · · · · · · |
|---|------------------|---------------------------------------|
| GENERAL HEALTH QUESTIONS  |                  |                                       |
| Allergies (if any)  |                  |                                       |
| Medication (if any)   |                  |                                       |
| Possible side effects   |                  |                                       |
| Are there any activities the participant should not participate in? |                  |                                       |
|   |                  |                                       |
| EMERGENCY CONTACT INF In case of an emergency, J's Bra              |                  | ct the following person(s). Please    |
| list the names in order of who s                                    | hould be called. |                                       |
| Participant   | Phone Number     | Relationship to Participant           |
|   |                  |                                       |
|   |                  |                                       |
|   |                  |                                       |