

Healthy CHAMPS Parent Waiver Form

(Northfield Area Family YMCA, Rice County Public Health Nursing Service, United Providers Association
as well as the Licensed Daycare Providers)
2010

Liability, First Aid and Photography waiver My signature below releases, waives and discharges the Northfield Area Family YMCA, Rice County Public Health Nursing Service and the United Providers Association from liability for any loss or damage on account of injury to the participants. I also hereby grant permission to the YMCA to secure first aid and medical attention in the event of an emergency, including transport to an emergency facility. I also hereby release all photographs taken by the YMCA, United Providers Association and/or Rice County Public Health Nursing Service of the participants in this program for promotional purposes. Photos may be used in printed materials, websites or displayed for the purposes of informing the public and funders about the above organization's programs and activities.

Transportation Waiver: My signature below also authorizes the transportation of children to the National Guard Armory for programming supervised by the YMCA. Transportation will be provided by EcoTrans.

| Parent name (print) | Signature | Date |
|---------------------|-----------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

To decline photo release, sign below-

Your signature below waives your release of photos taken during this program.

| Parent name (print) | Signature | Date |
|---------------------|-----------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

This authorization expires one year from the date of signature.

Daycare Providers: Please have parents sign the above waiver and mail to YMCA, 519 Division Street, Northfield, MN 55057 OR bring this signed form with you the first day of participation. The YMCA will make copies for Rice County Public Health and each Daycare Provider.