

"WE are the changed! Offering our Youth, a Greater Life"

LIABILITY FORM

(check applicable \checkmark)

PROGRAMS: (YOUSA) (SIP3-8) (SAP) (RCP) (WA) (AOL) (BMW) (LE)

♦ Field Trip: ___

VIRTUAL LEARNING

Statement of Parental Responsibilities, Release, and Notice

I, as the parent/legal guardian of the above named child, hereby agree to abide by all rules, regulations and policies as established by GLOF, Inc. programs; and give approval for his/her child participation in any and all related activities during the time period. I understand that injuries may occur from participation in activities; that GLOF cannot guarantee that injuries will not occur; and I give this consent having been informed of the inherent risks of participation. For myself and on behalf of participant (child), I do hereby waive, release, absolve, indemnify and agree to hold harmless Greater Life of Fayetteville, Inc., its employees, Executive and Governing officers, agents, volunteers and assigns, parent or organizers, sponsors, supervisors and participants against any action, claim, cost, fee or expenses that any of them may incur arising out of or defending any such action or claim related to participation. I also grant permission to managing personnel or other department representatives, to authorize and obtain medical care from any licensed physician, hospital or medical clinic should participant become ill or injured while participating in programs/activities when neither parent/legal guardian is available to grant authorization for emergency treatment. I have received, understand and agree to abide by GLOF's Code of Conduct. I agree to return, upon request, any supplies,

materials or equipment issued to participant in as good condition when received except for normal wear or tear.

Parental Responsibility:

Parents are required to attend Parent workshops hosted by GLOF.

I agree that **photographs**, **recordings** or any other record may be used by **Greater Life of Fayetteville** for the purpose for historical documentation, social media and advertisement. I further agree to release any and all liability associated therewith. I hereby take responsibility for the above information and its accuracy to the best of my knowledge. I also understand that if the information provided is not correct, participant will be ineligible to participate. I have read and fully understand that these terms are not a mere recital and I sign this agreement voluntarily. **Transportation:** it is the responsibility of the parent for drop-off and pick-up child/ren.

Transportation to events and activities by GLOF permission slip must be signed by parents or legal guardian.

COVID-19. All participants at the location will be provided if in need mask, hand sanitizer station and ensure washing of hands and temperature check.

It is the parent/legal guardian responsibility to ensure the agency of any illness or sickness their child/ren is experiencing. If not, it may cause termination from the program (s).

Please Note:

Emergency Contact Information:	
Print Emergency Contact Name:	Phone #:
KNOWN MEDICAL CONDITIONS (asthma, allergies, etc.).	
Signature of Parent or Legal Guardian	Print Name
Relationship	Date
Board/Staff Member (please print):	Date:

Provide Parent/Legal Guardian a copy

GLOF Liability Form (LF13)

GLOFLB.20132