Adopt-A-Stream Program

Parental Consent Form

My/our signature confirms that I/we are the parent(s) or the legal guardian(s) of _____ and that he/she is between 12-17 years of age. My/our permission is hereby given for him/her to participate in the **ADOPT-A-STREAM** program. I/We agree to his/her participation in the activity named above and I/we hereby waive any and all claims against and release, hold harmless, and discharge the coordinator(s), the sponsor, and the City of Oak Ridge, Tennessee, its successors and assigns, and any and all of its agents, employees and servants, from any and all liability of every kind, character and description whether caused by negligence, breach of contract, strict liability, or otherwise, from and by reason of any injury or death suffered by my/our child that may arise while participating in the activity named above. In the event of an emergency, the coordinator(s) have my/our authorization to obtain emergency medical treatment for my/our child at my/our expense.

By signing this document, you hereby agree to the release of any and all claims against the coordinator(s), the sponsor, and City of Oak Ridge as outlined above.

_____ _____

PRINT Name of Parent or Guardian PRINT Name of Parent or Guardian

_____ _____

SIGNATURE Date SIGNATURE Date

Personal Information

Date of Birth: _____

Home Address: _____

Contact Information

During this activity, I/we (or my/our authorized representative) can be contacted at the following telephone numbers and will accept long distance collect calls. If at any time there is a disciplinary problem with my/our child, I/we may be contacted at the following telephone numbers and will pick him/her up if requested.

Telephone Numbers: _____ (home) _____ (cellular)

Emergency Contact Information

Emergency Contact/Phone Number: _____

Medical Information

Physician: _____

Medical Insurance Information: _____

Policy Number: _____

Please list any information about medical problems the coordinator(s) should be aware of (allergies, prescriptions to be taken, diabetes, etc.):

_____

_____

_____