

# Berwick Boys Foundation

## WINTER PERMISSION SLIP

I have requested the Berwick Boys Foundation (Berwick) to allow my son \_\_\_\_\_ (a minor) to participate in the **2014 Winter Program** in Massachusetts (September 7<sup>th</sup>, 2013 until approximately June 30<sup>th</sup>, 2014). As a condition of receiving this benefit, I the undersigned, do hereby agree to the following:

I, the parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the Berwick winter program including annual fundraisers such as our Haunted House and Christmas Tree and Wreath sales. I have familiarized myself with the Berwick program as described in the brochure and other program materials. I acknowledge that hazards and dangers are inherent in the Berwick program from both known and unknown risks. I represent that the minor is physically able and mentally prepared to participate in all activities of the Berwick program. I hereby, knowingly, assume full responsibility for any and all risks from such hazards and dangers. I hereby release, waive, discharge and covenant not to sue Berwick for any and all loss or damage on account of injury to my son or his property arising out of or related in any way to his participation in the Berwick program whether caused by the negligence of Berwick, its officers, directors, agents or employees or otherwise. I fully understand that the relationship between us and the Berwick Boys Foundation will be governed by the laws of the state of Massachusetts and any suit, mediation or arbitration of any dispute with Berwick Boys Foundation must be filed exclusively in the state of Massachusetts.

In addition, I hereby release, waive, discharge and covenant not to sue Berwick for any and all loss or damage on account of injury to myself or my property arising out of or related in any way to my participation in the Berwick program in any capacity including but not limited to being a coach, instructor, aide and/or spectator, whether caused by the negligence of Berwick, its officers, directors, agents or employees or otherwise. I fully understand that the relationship between us and the Berwick Boys Foundation will be governed by the laws of the state of Massachusetts and any suit, mediation or arbitration of any dispute with Berwick Boys Foundation must be filed exclusively in the state of Massachusetts. I hereby, knowingly, assume full responsibility for any and all risks from my participation in the Berwick program.

I give my permission to Berwick to use my and/or my son's picture or other likeness of any of my children in any of Berwick's general publicity and campaign materials without compensation to my children or me.

I agree that the illegal use of drugs and alcohol by my son or his unreported knowledge of illegal use of drugs and alcohol by others in the Berwick program may be punishable by immediate expulsion from the Berwick program. Participants in the Berwick program are expected to be positive, motivated, and cooperative. Berwick reserves the right to terminate the participation of any boy who becomes a hazard to the safety of others, refuses to cooperate, becomes a disciplinary problem, or does not abide by Berwick's rules and regulations.

(please turn over)



**Permission To Treat**

I hereby give permission to the medical personnel selected by the director or his designee to communicate with the medical staff and director of the organization, or designees, about my son's medical condition, treatment and/or prognosis, and to provide routine health care, to administer medications, to order X-rays or routine tests, treat minor illnesses or to release any records necessary for insurance purposes, and to provide or arrange necessary transportation related to medical treatment for my son.

I further authorize the medical staff to discuss any medical conditions with the director, his designee, or the child's counselor when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

In the event I cannot be reached in an emergency, I hereby give permission to the Berwick Boys Foundation to secure appropriate medical, surgical and dental care including hospitalization, administration of anesthesia; or other procedures. I also understand that I will be responsible for the medical costs incurred for the treatment of my son.

*This completed form may be photocopied for trips offsite.*

Boy's Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Boy's Health Care Provider:

\_\_\_\_\_  
Name Address Telephone

Please provide us with information about another person to call in case you cannot be reached in an emergency:

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\* Please write any RESTRICTIONS or MEDICATION INSTRUCTIONS below \*\*\*\***