

CHAMP Youth Leadership Training: Thursday, August 5, 2021

9:00 am- 3:00 pm

Wadena Pizza Ranch, 106 S. Jefferson St. Wadena MN

Youth Leadership Training Permission Slip

I, _____, the parent/legal guardian of _____ (son/daughter), hereby consent to his/her participation in the CHAMP Youth Leadership Training. I, intending to be legally bound, hereby forever release and discharge the Chemical Health Awareness and Multi-Drug Prevention (CHAMP) Coalition of Wadena County, Wadena County Public Health, Menahga Schools, Sebeka Schools, Verndale Schools, Wadena Area Learning Center, Wadena-Deer Creek Schools, Friendly Rider, and chaperones from all liabilities, claims, demands, damages, costs, expenses, which I, or the above student for whom I am signing, may now or hereinafter, claim arising out of his/her participation in the above referenced event, including travel to and from said event.

I authorize the CHAMP Coalition of Wadena County and Wadena County Public Health to use the likeness and image of my son/daughter, _____, for advertisement and production. I give permission for him/her to participate in the CHAMP Youth Leadership training. I understand that my son/daughter will not be compensated for this and that they are strictly a volunteer for the CHAMP Coalition of Wadena County.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper medical treatment, including and without limitation to, hospitalization, anesthetic, surgery or injections of medication for my child. I attest and verify that, to the best of my knowledge, his/her physical condition and fitness are adequate for him/her to safely participate in this youth leadership training.

SIGNATURE OF
PARENT/GUARDIAN _____ DATE _____

Parent/Guardian Contact Information: Phone(s): _____

Email: _____

Address: _____

Emergency Contact (if unable to reach parent/guardian):

Name: _____

Phone: _____

If needed, transportation will be provided through Friendly Rider as indicated:

No, my child will not need transportation to attend this training

Yes, please arrange Friendly Rider transportation for my child to attend this training from his/her home school

(please circle one) :

Menahga

Sebeka

Verndale

Wadena-Deer Creek MS/HS

SIGNATURE OF
PARENT/GUARDIAN _____ DATE _____