

***Kusinan Patgon Waiver & Parental Consent Form
Emergency Medical Release and Liability Waiver***

Participant's Name _____ Birth Date _____
School Currently Attending _____ Grade _____
Address _____ City _____
Zip Code _____ Participant's Home Phone # _____ Participant's Cell Phone # _____
Participant's E-Mail _____ Family E-Mail _____

Emergency Information

Mother's Name _____ Home # _____ Cell/Alternate # _____
Father's Name _____ Home # _____ Cell/Alternate # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship _____
Home# _____ Cell#/Alternate # _____
Name _____ Relationship _____
Home# _____ Cell#/Alternate # _____

HEALTH CONCERNS (Please identify any allergies (to include foods), health problems, **medications**, or other health concerns):

Family Physician: _____ Phone # _____
Dental Provider: _____ Phone# _____
Medical/Hospital Insurance Company _____ Grp# _____
Policy Holder's Name _____ Policy # _____

Additional Information that May Be Helpful _____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER

The Boka Box and its directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "The Boka Box"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with The Boka Box and all related activities associated with the The Boka Box Kusinan Patgon, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF The Boka Box allowing me or my child to participate in events, activities, or the Kusinan Patgon Program with The Boka Box, I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Program including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF The Boka Box allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE The Boka Box** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS The Boka Box** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS The Boka Box** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

YOUTH PARTICIPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Kusinan Patgon Program, and to obey requests to comply with safety regulations as directed by the persons in charge of the Kusinan Patgon Program. I will not endanger the safety of others or myself at any activities, outings or events of the Kusinan Patgon Program. I also understand that I may be photographed or appear in video for such purposes as The Boka Box deems necessary.

Acknowledgment of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Kusinan Patgon Program, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Kusinan Patgon Program activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Kusinan Patgon Program. We also understand that the participant may be photographed or appear in video for such purposes as The Boka Box deems necessary.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from and including _____ to and including _____.

Signature of Parent or Guardian Date
(if Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date