



## Permission Form and Assumption of Risk

### Dodge the Ball Battle

I hereby give my written consent to participate in Dodge the Ball Battle with Pass It Along. I understand that this is a contact sport and contains inherent risks. In consideration of the right to participate in this event with PIA, I hereby assume all the above-mentioned risks and will hold Pass It Along harmless from any and all liability, actions, causes of action, debts, claims, demands and reasonable attorneys' fees and costs of every kind and nature whatsoever which may arise from or in connection with my participation in this activity.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

I give my permission to Pass It Along its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation with Pass It Along and any Pass It Along related activity or project.

### Authorization for Emergency Medical Care

This is to certify that I give permission to receive medical services while involved in the Pass It Along program. I understand that neither Pass It Along nor its sponsoring organizations will be responsible for medical expenses incurred by the above-named participant. I will be responsible for all medical expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Cell # \_\_\_\_\_

Health Insurance Policy & Number \_\_\_\_\_

Preferred Hospital Provider, if any \_\_\_\_\_

Pass It Along's mission is to build confident, resilient, compassionate teenagers through self-discovery, volunteer and leadership opportunities.