



## Eryn's Embrace Permission Form

### YOUTH INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Address:

\_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

Name(s)

\_\_\_\_\_

Email(s)

\_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

**MEDICAL CONDITIONS:** List any food allergies and the severity and type of reaction.

## **PARENTAL CONSENT**

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name), to attend and participate in any Eryn's Embrace activities, events, meals, and childcare.

LIABILITY RELEASE: In consideration of Eryn's Embrace allowing the Participant to participate in child friendly support groups and activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Eryn's Embrace and all members and/or volunteers from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein.

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_ **x** \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## **PHOTO RELEASE FORM**

I agree that Eryn's Embrace may photograph and record my child's \_\_\_\_\_ (child's name) likeness and activities during Eryn's Embrace events. I grant the following rights to Eryn's Embrace: permission to use and re-use, publish and re-publish, and modify the images taken during the shoot. Use of the images may be done in any medium now existing or subsequently developed, on Eryn's Embrace website and social media.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge Eryn's Embrace from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy, or other act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_ **x** \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**LOSS INFORMATION:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. How is this child related to the person who died?
2. Did the child witness the death and/or attend the funeral?
3. What are your primary concerns for this child? Any concerning changes in behavior?

**QUESTIONS ABOUT THE PERSON WHO DIED**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other information about the death: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL LOSSES:** Questions about an ADDITIONAL Person who died.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other information about the death: \_\_\_\_\_

\_\_\_\_\_