

**TRY- A SPECIAL NEEDS ORGANIZATION
PARENT RELEASE FORM**

PARTICIPANT'S NAME _____ SEX : M F DATE OF BIRTH _____ AGE _____

ADDRESS _____ CITY _____ ZIP CODE _____

PARENT/GUARDIAN _____ ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ WORK PHONE () _____ HOME PHONE () _____

*E-MAIL ADDRESS: _____

*GROUP HOME: _____

PHONE #: _____ Contact: _____

RELEASE STATEMENT

PARTICIPATION:

I hereby give my permission for the participant named above to participate in TRY – A SPECIAL NEEDS ORGANIZATION activities or events of any kind.

CONSENT TO TREATMENT:

I authorize such physician or medical staff as TRYSpecialNeeds.org may designate to carry out any medical or surgical treatment and/or medication necessary, or to take the above named participant to the emergency room of the nearest hospital and I further authorize the physician, hospital, and/or medical staff to provide treatment deemed necessary by them for the well-being of such participant.

RELEASE OF CLAIM:

The physicians, organizers, officers, directors, agents, volunteers or employees of TRYSpecialNeeds.org, are hereby released, acquitted and forever discharged from any claim for damage or suit by reason of any injury, illness, or damage whatsoever to persons or property (during the course of TRYSpecialNeeds.org activities or events of any kind), including transportation to Day Camp or any event, and in that regard, I hereby covenant that on my own behalf and for the above named participant not to file a claim or bring suit with respect to any such injury or damage.

PERMISSION TO PUBLISH:

I hereby irrevocably grant TRYSpecialNeeds.org permission to record and/or disseminate the above participant's likeness and/or voice for use by television, films, radio or printed media to further the aims of the TRYSpecialNeeds.org. Consent to REVOKE permission must be made in writing to TRYSpecialNeeds.org at the address below.

I, the undersigned, am an adult participant or a parent/guardian of the above specified minor/adult participant. I have read and fully understand the provisions of the above release and have explained them to said minor/adult. I hereby agree that I and said minor/adult will be bound thereby

from this DATE and FORWARD

Parent, Guardian, Staff Care giver or Adult Participant Signature

T-Shirt size: S M L XL ____XL

Return to: TRYSpecialNeeds.org
P.O. Box 40
Wexford, PA 15090