

After School Program Waiver

Child may not participate until waivers are signed and returned to the Director.

Parent/Guardian Name: _____

Student Name: _____ AGE: _____

Student 2 Name: _____ AGE: _____

Student 3 Name: _____ AGE: _____

Mailing
Address: _____

PHONE: _____

By signing below, I, the undersigned, as parent/guardian of the above-named student or students, hereby agree to the following terms and conditions regarding my child's or children's participation in After School Programs with Warren Social Services.

- **Understanding of Risks:**

I understand that participation in the after-school program may involve inherent risks of injury, including but not limited to physical harm, accidents, and potential exposure to illness, even with proper supervision.

- **Release of Liability:**

I hereby release and waive any and all claims against Social Services After School Program, its staff, employees, volunteers, and agents for any injuries or damages my child may sustain while participating in the after-school program, regardless of the cause, including negligence, except in cases of gross negligence or intentional misconduct.

- **Medical Consent:**

I hereby give permission for the after-school program staff to provide necessary first aid and medical treatment to my child in the event of an

emergency, and to contact my designated emergency contact in case of a medical situation requiring further attention.

- **Program Policies:**

I agree to abide by all rules and policies established by the Social Services Program including but not limited to the program schedule, behavior guidelines, and transportation arrangements.

- **Notification of Changes:**

I will promptly notify the program staff of any significant changes to my child's medical information, contact details, or any other relevant information that may impact their participation in the program.

Signature: _____

Date: _____