



Albuquerque Chapter

PERMISSION TO PARTICIPATE AND AUTHORIZATION FOR MEDICAL SERVICES

THIS FORM IS TO BE FILLED OUT COMPLETELY AND RETURNED TO AMIGOS BEFORE THE MINOR IS ABLE TO PARTICIPATE IN AMIGOS TRAINING ACTIVITIES, INCLUDING RETREATS AND TRAVEL OUTSIDE OUR LOCAL AREA (NOT INCLUDING MEXICO) DURING THE TRAINING YEAR 2008-2009.

Parent(s)/guardian(s) of Name of Minor

hereby give permission for this minor to participate in the Albuquerque Chapter of Amigos de las Americas activities and retreats (Orientation, Spanish/Technical) during the training year 2008-2009. I/We hereby assume financial responsibility for all hospitalization and medical treatments provided. A copy of this form will accompany the training/trip sponsor.

Prescription medications (s) minor is taking:

Allergies to medication or food:

I/We authorize AMIGOS to obtain through a physician any medical care that may become necessary to the minor in the course of such activity and the travel to and from such activity.

I/We agree not to hold AMIGOS or anyone acting in its behalf responsible for any injury occurring to the above-named minor in the course of the activity including travel.

The above-named minor is covered by medical insurance provided by: Name of Insurance Co. Policy #

which will cover the cost of any medical care resulting from injuries sustained while participating in the activity sponsored by AMIGOS.

The parents(s)/guardian(s) is reminded that every reasonable precaution will be taken to provide for the safety and care of the minor. In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent(s)/guardian(s).

I/We understand that all local, state and federal laws apply throughout the duration of the activities. The parent(s)/guardian(s) will be called upon to assume responsibility for any and all damages that may result from any prohibited action the minor may take while in the custody of AMIGOS.

I/We further agree to allow AMIGOS to use this minor's name, written or oral quotations and/or photograph in marketing, training and promotional materials, including, but not limited to, posters, brochures, handbooks, and electronic web sites.

I/We have read the above and agree, as the party legally responsible for the above named minor, to all statements and terms.

SIGNATURE OF PARENT/GUARDIAN DATE

HOME PHONE BUSINESS PHONE OTHER PHONE

I agree to abide by the rules set forth by the Albuquerque Chapter Training Staff and Board while participating in the above mentioned activities and retreats.

SIGNATURE OF AMIGOS VOLUNTEER DATE