

The Destiny Project, Inc. Consent & Medical Release Form

Parents or Guardians are required to complete and sign a Consent & Medical Release form for each child participating in The Destiny Project, Inc. Outreach.

PLEASE PRINT - Consent Form – PLEASE PRINT

Child's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Parent(s) or Guardian(s) Name(s): _____

Phone number where parent can be reached: _____

I request that my child be allowed to participate in The Destiny Project, Inc. Outreach at Queen Palmer, or The Destiny Project Summer Camps, or The Destiny Project Basketball Tournaments.

Signature of Parent or Guardian: _____ Date: _____

Medical Release Form

I (We), as the Parent(s) or Guardian(s), of the child named on the above consent form, do hereby authorize The Destiny Project, Inc., as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care, which is deemed advisable by, and is licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered to the office of the said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to have a specific consent to any and all such diagnosis, treatment or hospital care which is the aforesaid physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain in effect through the duration of the scheduled dates and times of the Event with The Destiny Project, Inc., unless sooner revoked in writing, and delivered to the said agent. I further agree that The Destiny Project, Inc. and staff are hereby relieved of all liability in the event of an accident or injury to the child stated above.

Is it alright to give your child Tylenol for headaches, pain, etc? _____

Does your child have any medication for this Event? If so what: _____

Is your child allergic to anything? If so what: _____

Physician's Name (please print) _____

Physician's Address: _____

Physician's Phone Number: _____

Please list two (2) contacts and their phone numbers to call in case of an emergency and we cannot reach you.

Name (Please Print) _____ Phone: _____

Name (Please Print) _____ Phone: _____

Signature of Parent or Guardian: _____ **Date:** _____

Video / Photography Waiver

I, the undersigned, do hereby consent to any photographing or videotaping of me, my son and / or daughter for use thereof by The Destiny Project, Inc. ministry.

I hereby grant The Destiny Project, Inc. ministry, or its successor, assignee and licensee the perpetual right to use, as you may desire, all photos, video recordings and sound track recordings which you may make of me or my child and the right to use my name and or my child's name or likeness in or in connection with any Destiny Project exhibition.

Participant's Signature _____

Parent's Signature _____

Safety

To insure the safety of each child, please tell us who is authorized to pick up your child. (Please Print)

Name : _____

Relationship: _____

Name : _____

Relationship: _____

Name : _____

Relationship: _____