

## Lake County Teen Action Group Contact Form

Member Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

High School: \_\_\_\_\_

### Emergency Contact – Medical Authorization

Legacy Foundation must have permission to provide routine non-surgical medical care in case of sickness or injury. In any event, we will advise the parent/guardian immediately.

\_\_\_\_\_  
Signature of Member \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian *(If member is under 18)* \_\_\_\_\_  
Date

Emergency Contact Number: \_\_\_\_\_

### Waiver and Release of Liability

The undersigned Teen Action Group (TAG) member (and the undersigned parent or legal guardian if the TAG member is under age 18, on behalf of himself or herself and the undersigned TAG member or legal guardian) waive, release and agree to hold harmless the Legacy Foundation and its respective agents, officers, board members, representatives, employees and volunteers (the "Releasees") from any liability to the undersigned and the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the undersigned TAG member relating to attendance at the event or transportation to or from the event, whether caused by negligence, gross negligence or recklessness of the Releasee or otherwise. The undersigned have read the Release of Liability and voluntarily sign.

\_\_\_\_\_  
Signature of Member \_\_\_\_\_  
Date

#### Parental Consent/Waiver and Release of Liability

I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to participate in the Teen Action Group, a program of the Legacy Foundation, and I further agree to all the terms of the Waiver and Release of Liability stated herein.

\_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Date