

**Permission Slip/Emergency Data Form/Hold Harmless Agreement
Montgomery County Youth Day-2025**

Youth Name(s): _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone Number: _____

Parent Name: _____ Cell #: _____ Work #: _____

Health Insurance Name & Address: _____

Policy Number: _____

Emergency Contact (other than parent or guardian): _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Relationship: _____

Family Physician: _____ Phone Number: _____

Allergies: _____

Medical Problems: _____

Medication Currently Being Used: _____

Anything else we should know: _____

- ▲ **Attendance Permission and Hold Harmless:** I, the undersigned, parent or legal guardian of _____, give my child permission to attend Montgomery County Youth Day-2025 on July 8, 2025 (rain date July 9th). I understand participation in these events may involve rigorous physical activity and risk of physical injury; and we assume these risks. I do hereby covenant and agree to release and hold harmless Montgomery County and the Youth Bureau from and against any and all liability, loss, damages, claims, or actions (including costs, and attorney fees) for bodily injury and or property damage, to the extent permissible by law, arising out of or in connection with any activity, including, but not limited to, inflatable apparatus (also known as the Bouncy House, inflatable slides or obstacle course, climbing wall, jousting), karaoke singing competition, fireman competition, etc.
- ▲ **Medical Permission:** I, the undersigned, parent or legal guardian of _____, a minor, do hereby consent to the nurse or physician selected by the chaperone in charge of my child to provide any necessary medical treatment. In the event that I cannot be reached in an emergency, I hereby give permission for the nurse, physician or emergency medical service to treat, hospitalize, secure proper treatments for and order injection, anesthesia, or surgery for my child as named above. In the event of any emergencies, the undersigned hereby grants authority to be exercised at the discretion of medical personnel to dispense necessary medication.
- ▲ **Photo Release:** I, the undersigned, give my permission to have my child photographed and have photos placed in publications (newspapers, brochures, Montgomery County website, etc.) that might result from participation in the event.

Signature of Parent/Guardian

Date