

Touching Miami with Love
RELEASE OF LIABILITY & PARENT PERMISSION FORM
Please make copies & bring one for each student and turn in
SUNDAY NIGHT at training to Angel Pittman.

Check all that apply for this release.

Volunteerism in Touching Miami With Love programs

Construction/Work Projects

Whereas, the undersigned participant wishes to be accepted for participation in one or more of the activities listed above which is organized by Touching Miami With Love, of Miami, FL and regarding Touching Miami With Love's action in allowing the applicant to participate in such activities or programs, the undersigned acknowledges that the activity does involve certain risks. The activities are designed to allow the participant to broaden their understanding of various Christian values, socio-economic differences, ethnic and racial diversity, cultural appreciation, team building, character development, and/or enrichment opportunities. These activities include those listed above, but are not limited to, and activities in a lower income neighborhood and among poor people in Miami, FL. I understand that participants are exposed to physical and psychological risk through elements of nature, travel by car, van, plane, walking, or other conveyance, and direct contact with people from various backgrounds. Risks may also include damage or loss of personal property.

In consideration of the above, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold harmless and indemnify Touching Miami With Love, its Board of Directors, employees, agents, and/or Associates from any and all liability. The terms hereof, and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, administrators, successors and assigns and for all members of my family, including any minors accompanying me. I also state that I am not under, and will not be under the influence of any non-prescribed chemical substance, including alcohol. I also state that I will assume responsibility for any damage or loss to physical property or expenses incurred due to negligent or irresponsible behavior. I understand that my participation in this Touching Miami with Love program or activity is entirely VOLUNTARY.

My signature also gives my permission and accepts financial responsibility, as well, for first aid treatment and/or professional medical attention if needed. I also give permission for photographing of myself or my child during the activities and use of those pictures or video by Touching Miami With Love.

PARTICIPANT SIGNATURE DATE WITNESS DATE

PARENT/GUARDIAN SIGNATURE DATE WITNESS DATE
FOR ANY PARTICIPANT UNDER AGE 18

Please print legibly – Each participant must complete this section:

Participant Name: _____ Age: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____

In case of emergency, please contact: _____

Phone: (____) _____ Contact's relationship to participant: _____