

PARENT/GUARDIAN PERMISSION FORM & LIABILITY FORM FOR COMPURECYCLING CENTER'S MEDICAL ASCENSION PROGRAMS

The form must be completed by all youth participating in Medical Ascension activities/events sponsored by CompuRecycling Center. This form must be completed and **submitted on or before** the first session of any Medical Ascensions programs.

Information About Youth Participant

Name of Youth Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Birthdate: _____ Current Grade: _____ Current Age: _____

Name of Activity/Event: **CompuRecycling Center's Medical Ascension Program**

Main Location of Activity/Event: **1719 George Abraham Blvd, Greenville, MS 38703**

Parental Permission and Release of Liability

I hereby give my son/daughter, _____, permission to participate in the activities/events sponsored by CompuRecycling Center in their Medical Ascension program. Although the event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of activities/events sponsored by CompuRecycling Center in their Medical Ascension program.

Name of Parent or Guardian (Please Print): _____

Signature of Parent or Guardian: _____

Health Declaration

Circle the option that applies to your son/daughter: (Note: Option 2 requires you to list information)

Option 1: My son/daughter does NOT have any known allergies/disabilities.

Option 2: My son/daughter does have known allergies/disabilities as listed below:

Signed (parent/guardian): _____ **Date:** _____

Emergency Numbers

In the event of an emergency, it is vital we have contact details for your son/daughter.

Name: _____ Number: _____

Name: _____ Number: _____

I agree that the information stated above is correct and that the information may be distributed accordingly as needed.

Signed (parent/guardian): _____ **Date:** _____

Youth Program Code of Conduct

The primary responsibility of Medical Ascension programs sponsored by CompuRecycling Center is to ensure the safety and well-being of all participants during events and activities. It applies to all participants including minors, their parents, and volunteers.

As a participant in this program, I will

- Conduct myself in a courteous manner and treat members, parents, volunteers, staff, and others with respect. Appropriate language and behaviour are expected at all times.
- Respect and adhere to the rules and guidelines of the institute including all those specific to events or activities. This includes **arriving about five minutes before** scheduled time with a **departure no later than five minutes after** the scheduled time.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey local, state, and federal laws. Follow all guidelines, rules and regulations set by CompuRecycling Center's Medical Ascension program
- **All participants of CompuRecycling Center's Medical Ascension program are required to wear a mask or face covering as specified by CDC (unless medical/religion reasons have been established). In an attempt to decrease the spread of COVID-19, all official team members of CompuRecycling have been vaccinated as suggested by CDC and wear face coverings.**

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Assumption of the Risk & Waiver of Liability Relating to Coronavirus/COVID-19

CompuRecycling Center cannot guarantee that any participant will not contract COVID-19 or any other sickness, or its building and overall environment will be free from any contagion, such as the coronavirus or COVID-19. As a result, taking steps to minimize the spread of any disease and lowering the risk of infection is a shared responsibility. Every participant must do his/her part to help lower the risk of transmission. This means adhering to national, state and local health guidelines and requirements, and adhering to those measures **CompuRecycling deems safe and appropriate for its facility. Specific details will be provided as circumstances dictate, which may include temperature checks, social distancing, wearing masks or facial coverings, using other PPE, frequent hand washing, not reporting to Medical Ascension program if sick, and isolating and self-quarantining when appropriate.**

CompuRecycling Center shall have the right, in its sole discretion, to cancel or terminate programming, at any time, without penalty and without incurring any liability to participants in the event that CompuRecycling Center determines, in its sole discretion that the COVID-19 pandemic has made the operation of programming impossible and impracticable.

Medical Ascension participant shall release and hold harmless CompuRecycling Center and its affiliates, units, successors and assigns, including its past, present, and future governing bodies, and all officers, agents, and employees from any and all claims, demands, causes of action, suits, judgments and liability of any kind or nature whatsoever (including attorneys' fees) brought by any participants arising from CompuRecycling Center's Medical Ascension program.

On behalf of my child as a youth participant, I hereby voluntarily agree to these terms and conditions.

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____

Pick-Up Authorization

In addition to the parent/guardian(s)/emergency contact listed above, please list the names of any possible persons authorized to pick up the above referenced participant.

Name: _____ Relationship to Participant _____

Primary Phone Number _____ Secondary Phone Number _____

Signature of Parent or Guardian: _____ Date: _____