



Consolidated Tribal Health Project

6991 North State Street, Redwood Valley, CA 95470

YOUTH PERMISSION & RELEASE FORM

Name of Youth: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

I, _____, give my permission for my child to participate in the Native Youth Olympics held at Mendocino College, 1000 Hensley Creek Road, Ukiah CA 95482.

I, parent/legal guardian of _____ hereby release Consolidated Tribal Health Project, Inc. and its employees from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in the Native Youth Olympics.

Emergency Contact Information

Alternate person to contact in an emergency: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

I _____, parent/legal guardian of _____ authorize the administration of emergency medical treatment to my child. I understand all reasonable safety precautions will be taken at all times by Consolidated Tribal Health Project or its agents. I understand that in the event medical intervention is needed every attempt will be made to contact myself or the contact listed above.