



teen action & support center

Bucket List Summer Requirements Checklist

Teen Name _____

Application	Due Apr 22, 2022	Completed	Y	N
Liability Form	Due Apr 22, 2022	Completed	Y	N
Permission Slip	Due Apr 22, 2022	Completed	Y	N
Food allergy form	Due Apr 22, 2022 as needed	Completed	Y	N
Orientation	TBD	Completed	Y	N



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PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on the ___ day of _____, 20__ on behalf of _____, a minor child (the "Participant"), by _____, the parent having legal custody and/or the legal guardianship of the Participant (the "Guardian"), releases the Teen Action & Support Center a nonprofit organized and existing under the laws of the United States as a Section 501(c)3 tax exempt corporation, each of its directors, officers, employees, and agents.

I, the Guardian of the above named Participant, do hereby give my consent to their participation in activities of Teen Action & Support Center. The Participant and/or Guardian are responsible in the event of personal injury or illness as a result of participation in activities or events of TASC.

1. Waiver and Release: We, the Participant and the Guardian, Release and forever discharge and hold harmless Teen Action & Support Center and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with TASC, including claims arising out of negligence. We understand and acknowledge that this Release Discharges Nonprofit from any liability or claim that we may have against TASC with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the TASC's activities.

2. Assumption of Risk: We, the Participant and the Guardian, understand that the activities provided by Teen Action & Support Center and which the Participant is involved in may include activities that may cause risk or injury. We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release TASC from all liability for injury, illness, death, or property damage resulting from these activities.

3. Field Trip Release: We, the Participant and the Guardian, understand that some activities provided by Teen Action & Support Center and which the Participant is involved in may include activities that are not at the Teen Action & Support Center location and therefore may require travel. We hereby waive any and all claims for damages of any kind against Teen Action & Support Center and any collaborative agency and further agree to indemnify and hold harmless the Teen Action & Support Center, and their employees, and representatives from and against any loss, claim, damage, or liabilities arising out of or related to my child's participation in field trip activities (including transportation of my child to and from field trips), the conduct of my child during such field trip activities, or any medical emergencies involving my child that arise during such field trip activities.

4. Photographic Release: We, the Participant and the Guardian, grant Teen Action & Support Center and their agents the absolute right and permission to use photographic portraits, pictures, digital images, audio, or videotapes of the Participant for any lawful purpose whatsoever, including but not limited to use in any TASC publication or on TASC websites, without payment or any other consideration.

5. Medical Treatment: We, the Participant and the Guardian, hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the Teen Action & Support Center. We give our consent for TASC to provide, administer, or obtain medical treatment for the Participant.

6. Other: We, the Participant and the Guardian, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Arkansas. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I, the Guardian of the named Participant, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Participant Name

Signature of Guardian

Date

Print Name



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2022 Bucket List Summer Permission Slip

Teen Action & Support Center (TASC) has planned four field trips each week of the program. As a convenience, we would like to extend a permission slip that will suffice for all planned activities during the Bucket List Summer programming. All field trips and admission will be paid for by TASC, but your child may bring additional money. By signing this permission slip, you are granting permission for your child to attend ALL scheduled field trips during the Summer Thrive Experiences Program.

Field Trips Scheduled include:

*(This is a tentative list and is subject to change. The confirmed list will be given by **May 6, 2022**)*

Horseback Riding, Rock Climbing, Floating on a river, Crystal Bridges/Momentary, Restaurant

By signing this permission slip, I, as parent/legal guardian for the child named below, grant permission for my child to participate in the TASC Summer Thrive Experiences Program field trips. Acting on behalf of myself and my child, I hereby waive any and all claims for damages of any kind against Teen Action & Support Center and any collaborative agency and further agree to indemnify and hold harmless the Teen Action & Support Center, and their employees, and representatives from and against any loss, claim, damage, or liabilities arising out of or related to my child's participation in field trip activities (including transportation of my child to and from field trips), the conduct of my child during such field trip activities, or any medical emergencies involving my child that arise during such field trip activities. In the event of a medical emergency involving my child during field trip activities, I hereby authorize TASC to administer any reasonable and necessary first aid and to seek emergency medical treatment, understanding that TASC will contact me or a designated emergency contact as soon as practicable. I understand that TASC will not be responsible for any costs, expenses, claims, or liabilities related to emergency medical treatment. Prior to the field trips, I will inform TASC of any special medical issues my child might have.

Participant (Teen) Name

Guardian Name (Print)

Date Signed

Guardian Signature

Food Allergies and Intolerances Form

Teen Action & Support Center

PLEASE PRINT/TYPE Class Attending: _____

Dates attending: _____ to _____

PARTICIPANT INFORMATION:

Do not complete this form if the teen does not have a food allergy or special dietary need.

Participant Name: _____ Age: _____

Participant phone: (cell home) _____ Birth Date: _____

Participant email: _____

Parent or Guardian Name: _____

Relationship to Participant Parent _____

Phone (cell) _____ Work: _____ Home: _____

Email: _____

FOOD ALLERGY/INTOLERANCE(S):

*FOOD ALLERGY

___ Dairy ___ Soy ___ Eggs ___ Peanuts ___ Tree nuts

___ Fish ___ Shellfish ___ Sesame ___ Corn

___ Wheat (do not check this for celiac disease or gluten sensitivity, only wheat allergy)

Other, please list: _____

*FOOD INTOLERANCE:

___ Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)

___ Lactose ___ Fructose ___ Sulfites ___ Histamines ___ Nitrites

___ Fructans ___ Tyramine ___ Galactans ___ Fava Beans ___ MSG

___ Salicylates ___ Polyols ___ Citric acid ___ Nightshades

Other, please list: _____

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other): _____

Dietary Needs Questionnaire

Please answer the following questions to better help us with your needs:

1. What are the preferred food substitutions, if any? (soy butter for peanut butter, gluten-free breads, soy milk etc):

2. What types of contact will cause a reaction?

_____ Airborne

_____ Trace Cross Contact

_____ Actual ingestion of food

Please explain:

3. Does the teen understand the food allergy and what needs to be done to manage it?

4. Has the teen ever attended camp or eaten meals outside the home?

If yes, how were the meals handled?

5. Is there any other information you would like to share to help us meet the teens needs?

Please print and sign with pen:

Participant/Parent/Guardian Signature: _____ Date: _____