



LIABILITY WAIVER

You/Your child are/is invited to participate in Girls Ref The World (GROW) offered by J's Braintrust.

What: Girls Ref The World

Where: North High School (4410 North 36th Street, Omaha, NE 6811)

Class (Month/Year): _____

Time: 6:00 p.m. – 8:00 p.m.

If you/your child are interested in participating in this activity, please fill out this notice and return to j.williams@jsbraintrust.org OR provide this completed form to staff on the first date of training. Those who do not have a completed liability waiver WILL NOT be able to participate. **No exceptions.**

I give permission for me/my child to participate in the activity listed above.

I DO NOT give permission for me/my child to participate in the activity listed above.

Participant Name: _____

DOB: _____

School/Program affiliation: _____

By registering and participating in this event, I consent to the recording of mine/my child's likeness, image, and/or voice and authorize the J's Braintrust/EPIC for Girls to use photographs, video, and audio recordings containing mine/my child's likeness, image, and/or voice in any medium for any purpose.

In the event of an emergency, I give consent for me/my child to receive medical treatment as may become necessary and will not hold J's Braintrust and its programs liable.

Printed Name: _____
(parent/guardian if under 19 years of age)

Signature: _____
(parent/guardian if under 19 years of age)

Date: _____



Participant Name (continued page 2): _____

GENERAL HEALTH QUESTIONS

Allergies (if any) _____

Medication (if any) _____

Possible side effects _____

Are there any activities the participant should not participate in?

EMERGENCY CONTACT INFORMATION

In case of an emergency, EPIC for Girls should contact the following person(s). Please list the names in order of who should be called.

Participant	Phone Number	Relationship to Participant
_____	_____	_____
_____	_____	_____
_____	_____	_____