



## J.O.S.H. ACTIVITY WAIVER

The undersigned parent/legal guardian hereby gives permission to the J.O.S.H. (Journey of Strength & Hope) program, for my child (insert child's name) \_\_\_\_\_ to take part in the following activity \_\_\_\_\_.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by J.O.S.H., in my absence, I hereby grant a J.O.S.H. Program authority to release my child for medical treatment to such medical personnel as deemed appropriate under the circumstances.

**In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless the J.O.S.H. program, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by J.O.S.H. Further, I agree to indemnify and hold harmless J.O.S.H., its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.**

Child (ren)'s Allergies/Special Medical Conditions:

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**PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION**

_____	_____
Date	Signature of Parent or Legal Guardian
	Telephone #: _____
Emergency Contact: _____	Emergency #: _____

**The above signed parent or legal guardian has the following form of health/accident insurance covering the child:**

_____	_____
Insurance Company	Insurance Co. Member Number