



The Community Association for the Welfare of School Children
 440 North Foster Dr.
 Baton Rouge, LA 70806

Parent/ Guardian Permission & Waiver

I give my permission for _____, Social Security Number _____ to participate in the Community Association for the Welfare of School Children (CAWSC) _____ Program. I will do my part to make sure that he/she attends all the scheduled meetings. He/She is in good health and has not had any serious health problems that will prevent he/she from participation in the CAWSC program. He/she does not have any behavioral disorders, which may cause harm, danger, or disruption to themselves, others and their property. CAWSC does not provide accident or medical insurance for program participants.

I also agree that my child may participate in discussions and forums of topics, which may be deemed sensitive, such as substance abuse, peer pressure, teen pregnancy, and self-esteem. I hereby give consent for my child to participate in swimming activities during periods of recreation and acknowledge that only children who can swim will be allowed in the pool at any time. All others can enter the "kiddy" area of the pool where only wading is allowed. I further authorize my child to be transported during field trips and from schools and transfer sites during CAWSC programs.

In return for my child taking part in the CAWSC program, I hereby relieve and release the sponsoring agencies' staff, directors, officers, volunteers and all persons assisting in the activities, from any and all liability from an accident or injury that may occur while taking part in this program. I also agree to indemnify all of the parties described above from all claims made or asserted on behalf of my child.

I understand that safety precautions will be taken with my child, I understand that in case of an emergency, accident or injury CAWSC representatives are authorized to render necessary medical treatment to the student and health care will be sought from the nearest medical facility. My permission is given for medical treatment and transportation for the student listed above relative to any injury sustained in the course of the above activity.

I give my consent for any photographs, video, or audio in which my child may appear to be used by CAWSC, to its nominees, agents and assigns, and its sponsoring agencies my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof, to use, publish/broadcast, republish/rebroadcast or exhibit in the furtherance of its work, with or without identification of me by name, the photograph/video/audio for publicity and program development.

I hereby consent and agree, individually and as a parent or legal guardian of _____ (a minor), to all the terms and provisions stated above.

Parent or Legal Guardian (please print name)	Legal Relationship	Signature	Date
_____	<input type="checkbox"/> Natural Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	_____	_____

Attach Photo if Available