



2009 JACL National Youth Conference

JAPANESE AMERICAN CITIZENS LEAGUE
NATIONAL YOUTH/STUDENT COUNCIL

PARENT/LEGAL GUARDIAN CONSENT, CONSENT FOR THE NATIONAL YOUTH CONFERENCE MEDICAL AUTHORIZATION, AND WAIVER OF CLAIMS

Parent/Legal Guardian Consent and Medical Authorization

To the Japanese American Citizens League (JACL):

_____ (Name of conference participant) has my permission to participate in the 2009 JACL National Youth Conference to be held at Macalester College in St. Paul, Minnesota.

_____ (Name of conference participant) agrees and I

_____ (Name of conference participant's parent/legal guardian) agree to direct my child, to cooperate and conform to the directions and instructions of the JACL personnel in charge of this conference. Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the JACL personnel permission to use their judgment in obtaining medical services, and I give permission to the medical facility and personnel selected by the JACL to render medical treatment deemed necessary and appropriate by them. Should such treatment become necessary, I agree that any medical and emergency expenses incurred shall be my responsibility and hereby releases the JACL from such responsibility and obligation.

The participant is covered by accidental/medical insurance:

Name and Phone Number of Insurance Carrier

Insurance Policy Number

The participant's parent/legal guardian is covered by accidental/medical insurance:

Name and Phone Number of Insurance Carrier

Insurance Policy Number

List any known allergies: _____

List any known allergies to medication: _____

List special medical conditions or attention: _____

List any special dietary considerations, such as food allergies, vegetarianism, etc: _____

Waiver of Claims

In consideration of the JACL's sponsorship of the conference, I, my heirs, my executors, administrators and assigns, forever release, waive, and discharge any and all rights, demands, claims, for damages and causes of suits or actions, known or unknown, that I may have against JACL, its employees, agents, and other affiliated personnel including claims arising out of injury, accident, illness, or death occurring during or by reason at the conference,

All participating individuals and adults are required to sign the statement waiving such claims.

I have read and understand the foregoing statement and agree to assume the responsibility stated and waive all claims.

Signature of participant

Signature of parent / legal guardian, if under 18

Home Phone Number

Work / Mobile Phone Number

Emergency Contact and Relationship

Emergency Contact's Phone Number

Date