

AFG of MD and DC, Inc. – Alateen Liability Release Form

Revised 10/30/15

_____ (print name of Alateen member attending conference), will be attending the _____ conference, to be held on _____ at _____ (referred to as the “conference” in this document).

I, _____ (Printed name) am the parent, guardian, or legal custodian of the Alateen member listed above, who is under 18 years old.

I understand and agree that during those times when the Alateen member is in the Alateen conference room, he/she is in the care and custody of the AFG of MD and DC, Inc. and the Alateen Sponsors (Al-Anon Members Involved in Alateen Service – aka AMIAS’s). There will be at least two AMIAS’s in the Alateen conference room at all times when Alateen conference activities are being conducted.

I also agree that when the Alateen member is not in the Alateen conference room, he/she will be in the care and custody of _____ (temporary custodian(s), parent or guardian – (circle one) and that (those) adult(s) will be responsible for the Alateen member’s whereabouts and supervision.

If the Alateen member needs urgent medical attention during the conference and the AMIAS cannot reach me, I hereby authorize the temporary custodian listed above or the AMIAS in charge to obtain any urgent health care reasonably necessary for the Alateen member from any licensed health care professional. It is understood that this authorization is given in advance of any specific diagnosis and gives permission to the licensed health care professional to provide reasonably necessary treatment.

I hereby waive any and all claims against AFG of MD and DC, Inc., its volunteers, employees, leaders, contractors, assignees, and participants for any and all acts, omissions, negligence, or other issues at or related to the conference and to hold AFG of MD and DC, Inc. harmless for any claims against AFG of MD and DC, Inc. caused by the Alateen member’s actions, omissions, or negligence at or related to the conference.

Parent/Custodian/Guardian Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Name of Health Insurance Company: _____

Insurance Policy Number: _____ Group No. _____

Doctor’s Name: _____

Doctor’s Office Phone: _____

Dentist’s Name & Phone: _____

My child has the following condition and allergies: _____

He/she requires the following medication and may take the medication independently, without supervision:

Medications must be contained within the original prescription containers; include dosage and when taken.

Any other information such as dietary needs: _____

AMIAS Acceptance: _____ Date: _____

Printed name: _____

AMIAS Acceptance: _____ Date: _____

Printed name: _____

A copy of this completed form should be kept on file at the conference and emailed to the Area 24 Alateen AAPP at alateenarea24pc@gmail.com