

YAAS!
P.O. Box 1981
Friday Harbor, WA 98250
(360) 378-5246

GENERAL PERMISSION & HOLD HARMLESS

I _____, understand that to participate in YAAS! activities, the information below is needed, along with my signature or the signature of my guardian.

I authorize a qualified physician to examine me in the event of any injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Every effort will be made to contact a guardian if applicable, to explain the nature of the problem prior to any treatment involved.

Signature of YAAS! Member Date

Do you have a legal guardian? Yes No

Signature of Legal Guardian Date

Phone Number of Legal Guardian

Other Emergency Contact (relative, friend, neighbor, etc.)

Name	Relationship	Contact Phone Number
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Please list any special health problems we should be aware of:

In the event it becomes necessary for JLSFRC staff to obtain emergency care for me, neither staff nor Joyce L. Sobel Family Resource Center staff assume financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I acknowledge that these activities entail known and unanticipated risks which result in physical or emotional injury, paralysis, or death, as well as damage to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the program's essential qualities.

Signature of YAAS! Member/Legal Guardian Date