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Leslie Broker, President
Adrian Hendricks II, Vice-President
Daniel Toosley, Treasurer
Dr. Joy Sweeney, Executive Director

To motivate, educate, and collaborate promoting healthy drug-free lifestyles among youth in mid Missouri

COUNCIL FOR DRUG-FREE YOUTH Waiver of Liability

PARENT OR GUARDIAN:

Allergies

By agreeing to allow your child to participate in activities sponsored by the Council for Drug-Free Youth providers, you expressly agree that the Council shall not be liable for any damages arising from personal injuries sustained by your child arising from his or her participation in those activities, including travel to or from such activities. The Council shall not be liable for any such loss or theft of personal property. You also specifically agree that the Council shall not be responsible for such injuries, damages, loss or theft even in the event of negligence by the council or its agents, providers, independent contractors or officers, whether that negligence is present at the time of signing this waiver or takes place in the future. This waiver does not, however, apply to gross negligence or intentional torts by the Council.

To help CDFY provide a healthy environment to protect your child, please provide any information that may be relative to the following items:

Yes____ No_

| | Any medical restrictions | Yes | No | |
|--------|----------------------------------|-------------------------|---------------------------------|------------------------|
| | Dietary restrictions | Yes | | |
| If ans | wer is yes to any of the above | e, please ex | olain in depth the problem: | |
| | der for your child to be able to | o perform, _l | please return this form to CDFY | , P.O. Box 212, 65102, |
| | | Program | | |
| | | Student | | |
| | | Parent o | Guardian | |
| | | | Guardian | |