

**WAIVER OF PARTICIPATION**  
**MINOR CHILD AUTHORIZATION**  
**FOR EMERGENCY AND ROUTINE**  
**MEDICAL TREATMENT AND RELEASE OF LIABILITY**

As the parent/legal guardian of \_\_\_\_\_, a minor child, I give permission to the Friends of Historic Meridian, its employees, representatives and volunteers, to obtain or provide such emergency or routine medical treatment for the above-named minor child as they, in their discretion, deem necessary or appropriate while he/she is participating in the Turning Back the Pages Day Camp. Further, in consideration of the Friends' making this activity available to the above-mentioned minor child, I, for myself, the minor child, and anyone claiming under or through him/her, hereby release and discharge the Friends, its employees, representatives and volunteers, from all liability, claims, demands, and actions, regardless of kind or character, connected with arising out of, or in any way related to the above-named child's participation in such activity.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO PHOTOGRAPH/VIDEO**  
**AND DISSEMINATION WITHOUT COMPENSATION**

As the parent/legal guardian of \_\_\_\_\_, a minor child, I hereby consent to his/her being photographed and/or videoed while participating in any activity offered by the Friends of Historic Meridian. In addition, I consent to the reproduction and use of such photographs and videos by the Friends for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above-named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videos and use.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_