

Travel Permission and Medical Release Form

Event: Transgender Day of Remembrance Location: Austin City Hall, 301 W. 2nd St. Departing: Out Youth, 909 E. 49½ St., 5:00pm Returning: Out Youth, 909 E. 49½ St., 9:00pm

TO BE SIGNED BY THE ADULT GUARDIAN OF PARTICIPANTS U	NDER AGE 18:
I give permission for	to attend the above named event.
I hereby release Out Youth from liability in the case of an accident du event.	uring the course of the above named
I also give permission for my child to receive any medical, or emerge or treatment, which is deemed advisable by and rendered under the physician, licensed under the provisions of the Medical Practice Act.	•
It is understood that this authorization is given in advance of any spe hospital care being required, but is given to provide power and authorepresentative to give specific consent to any and all such diagnosis, the aforementioned physician may deem advisable.	rity on the part of the Out Youth
Guardian's Name:	
Emergency Phone Number:	
Address:	
Medical Insurance Provider:	
Medical Insurance Policy Number:	
Medical Insurance Provider 800-Number:	
Does the participant have any disabilities, ailments, or special needs	?
Does the participant have any food, medication, or other allergies?	
Guardian's Signature:	Data:



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TO BE SIGNED BY PARTICIPANTS OF ALL AGES:

I hereby pledge that:

- I will remain at the event with Out Youth staff.
- I will not use alcohol or other drugs during or prior to this event and I will not bring alcohol or other drugs with me.
- I will respect the rule of no sexual intimacy during the trip.
- I will maintain the confidentiality of all Out Youth members.
- I will cooperate with Out Youth staff and abide by their decisions.
- I agree to be a representative of Out Youth by modeling positive behavior.

I understand that if I violate this agreement I may be subject to any of the following consequences:

- I may be prohibited from participating in the remainder of the event.
- I may become ineligible to participate in future Out Youth events.
- I may be subject to possible legal action, if appropriate.
- I may be subject to other consequences as deemed appropriate by Out Youth or adult volunteer staff.

Participant's Signature:	Date:	
, ,		
Participant's Printed Name:	Age: _	