

West Chester Area Communities That Care
General Liability Waiver, Medical Authorization and Content Use Consent

I understand that participation in the Positive Parenting Network which is sponsored by West Chester Area Communities That Care is voluntary. I hereby release, hold-harmless and waive all claims associated with this activity which I may have against West Chester Area Communities That Care, its employees, officers, directors, agents, volunteers and members.

I consent to the provision of emergency medical treatment as deemed necessary by program staff and volunteers. And, I accept financial responsibility for such treatment.

Name of Participant (please print): _____ Age: _____

Signature: _____ Date: _____

If participant is under 18 years of age, this release must be signed by a parent or guardian.

Parent/Guardian Name: _____

Signature _____ Date _____

West Chester Area Communities That Care
Media Release

I understand that I/my child may be photographed or video recorded while participating in Parent Network Meet Ups and events, and that photographs may be published and video recordings may be broadcast.

Please **check only one** of the following:

I give my permission for my/my child's name and/or photo to appear in West Chester Area Communities That Care publications, newspaper articles, TV Cable shows, web pages, calendars and/or annual report, etc.

I do not give permission for my/my child's name and/or photo to be used in the above-mentioned publications.

Name of Participant (please print): _____ Age: _____

Signature: _____ Date: _____

If participant is under 18 years of age, this release must be signed by a parent or guardian.

Name of Parent/Guardian: _____

Signature _____ Date _____

Scan completed forms and return to Loretta Cohen at mobilizer@wcctc.org

To receive updates and information on Positive Parenting Network events, including webinars and meet ups with other parents and area health and wellness professionals, please provide your email address.

EMAIL _____