



**The youth program of the Milwaukee LGBT Community Center
Permission/Medical/Liability Release Form for Youth (18+)**

I hereby give my permission for my child named below to participate in Milwaukee LGBT Community Center/ Project Q travel to and involvement in the 3rd Annual Midwest Trans Youth Conference; held at Camp Minikani in Hubertus, WI on November 13th-15th, 2009.

I understand my child may be co-presenting workshop material as well as attending workshop and conference activities. Should my child need any medical attention whatsoever, I hereby permit and authorize the adult chaperones or any other work camp adult volunteers to provide my child any emergency medical treatment they deem necessary, in their sole discretion. This permission extends to the right of such adult chaperones to arrange for medical treatment by a licensed or certified physician and/or other medical personnel. I authorize such chaperones to use the medical insurance attached hereto, and I agree to pay any additional balance that may become due as a result of such treatment.

I release and waive any claim, demand, cause of action or assertion of liability against the Milwaukee LGBT Community Center/Project Q, adult chaperones and volunteers, which may result from any accidents or happenings occurring during or as a result of the Midwest Trans Youth Conference participation and accompanying travel. I agree to indemnify and hold Milwaukee LGBT Community Center/ Project Q, and all chaperones and representatives of the same, harmless with respect to any and all claims, damages and liability whatsoever (including attorneys' fees) arising from or in connection with my child's participation in the above named activity.

Participant's Name (printed)

Parent(s) Phone #'s During Day/Evening of Activity

Legal Guardian/Parent's Name (printed)

Parent's Signature

Date

Health Insurance Company

Group Name and Policy Number

Individual Policy Number

Please list any medication your youth will be taking with them: _____

Identify any allergies to medication: _____

Identify any medical conditions, allergies, emergency instructions and/or other concerns: _____

****Please staple to this form a copy of the insurance card that covers the above youth****

Please scan and email this form to jbotsford@mkelgbt.org.

or

Fax this form to 414-271-2161



Milwaukee LGBT Community Center