



## 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 UNDER 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 during the course of the above named event.

I also give permission for my child to receive any medical, or emergency treatment, or surgical diagnosis or treatment, which is deemed advisable by and rendered under the general or specific supervision of any physician, licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide power and authority on the part of the Out Youth representative to give specific consent to any and all such diagnosis, treatment and hospital care which the aforementioned physician may deem advisable.

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: \_\_\_\_\_ Date: \_\_\_\_\_



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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: \_\_\_\_\_