

**YOUTH ACTIVITY RELEASE AND WAIVER OF LIABILITY**

The undersigned parent/legal guardian hereby gives permission to Pure Mind Center/DDMBA -St Louis, for my child \_\_\_\_\_ to take part in the following activity: "Explore Life!".

Should my child require immediate or emergency medical care while engaged in an activity sponsored by Pure Mind Center/DDMBA, in my absence, I hereby grant Pure Mind Center/DDMBA authority to release my child for medical treatment to such medical personnel as Pure Mind Center/DDMBA determines appropriate under the circumstances.

**In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless Pure Mind Center/DDMBA, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth program which may be directly or indirectly sponsored by Pure Mind Center/DDMBA. Further, I agree to indemnify and hold harmless Pure Mind Center/DDMBA, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.**

**\* DDMBA: Dharma Drum Mountain Buddhist Association**

Child's Allergies:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION**

\_\_\_\_\_  
Parent or Legal Guardian Name (Print)

\_\_\_\_\_  
Parent or Legal Guardian (Signature)

\_\_\_\_\_  
Date (mm/dd/yy)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Special Instructions or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The above signed parent or legal guardian has the following form of health/accident insurance covering the child:**

\_\_\_\_\_  
Insurance Company & Policy Number

\_\_\_\_\_  
Insurance Member

**Please submit this registration form to: [info.puremindcenter@gmail.com](mailto:info.puremindcenter@gmail.com)**