



EC Boston Young Student Waiver Form

Parents or legal guardians of any student under 18 years old must sign the below waiver form at time of application to programs at EC Boston.

Student Name: _____ Date of birth: _____
Parent or Guardian Name: _____
Emergency contact phone #: _____ (please include country code)
Emergency contact email: _____

Part One: Medical Information & Release

Does the student have any allergies? No Yes If so, to what?

Does the student have any medical conditions that you feel we should be aware of?

Is there any reason why the student may not participate fully in all activities?

No Yes Reason _____

Medical Release

I hereby authorize the EC Boston staff to take whatever measures they consider necessary in obtaining emergency medical, or any other, treatment for my son or daughter.

Parent or Guardian's Signature _____ Date _____

Part Two: Permission for activities

I, as parent or legal guardian of the above named student, give EC Boston permission to have this student accompany EC Boston staff and students on field trips. The EC Boston staff and students will be traveling by foot, train, bus, boat, car or van to their destination.

I acknowledge that by signing this document, I am assuming risks on behalf of my child, and am agreeing to indemnify, not to sue and release from liability the organizer of any EC Boston event that my son/daughter participates in and EC Boston, and their respective agents, employees, volunteers, sponsors, promoters and affiliates, and that I am giving up substantial legal rights. I acknowledge that I have read this statement carefully before signing, and understand what it means and what I am agreeing to by signing.

Parent's or Guardian's Signature _____ Date _____