

PDHOUSE OF POSSIBILITIES, INC. ("HOPE")
350 Washington Street, North Easton, MA 02356
Tel 508-205-0555

Authorization for Participation in ALL Program(s)/Activities (Saturday Adventure Club, HOPE's Overnight respite program, HOPE Club, or Snack and Chat) and Transport by HOPE Staff, and General Release

Name of Child: _____

I/We, _____ of _____, give my/our permission
(Parent(s) /Guardian(s)' Name(s) and Address(es))
for my/our child to participate in all of HOPE's scheduled activities located at HOPE House, 350 Washington Street, N Easton, MA 02356, and/or conducted at any off-site facility/event with HOPE Staff. I/We also consent to my/our child participating in activities and being transported by HOPE staff for any of the activities for HOPE's Saturday Adventure Club, HOPE's Overnight respite program, HOPE Club or Snack and Chat which I/We register my/our child for in this year. I/We also understand that part of HOPE's programming may include changes to any scheduled activities to meet the needs of the children being served. I/We may withdraw my/our child from any particular activity if I/We do not wish for him/her to participate.

I/We further understand that I/We may revoke my consent for my/our child's participation in and/or transportation at any time in writing. I/We also acknowledge my notice of and understanding that an R.N., or any other medical professional, will not be present during HOPE activities at HOPE House or in the community with my/our child.

In consideration of _____ being permitted to
(Name of Child)
participate in HOPE's Program(s), I/We hereby fully and forever release and discharge the House of Possibilities, Inc., ("HOPE") and its officers, directors, employees, volunteers, agents and representatives of and from any and all actions, demands, causes of action, lawsuits, claims and liability arising from, directly or indirectly, all personal injuries and/or property damage and any other loss or damage of any kind, including attorney's fees and costs, arising out of my/our child _____'s participation in any HOPE Program or activity and/or
(Name of Child)
transportation of my/our child by HOPE staff, and I/We agree to indemnify and hold HOPE harmless from and against any of said claims, lawsuits, liabilities and damage. I/We hereby warrant and represent that I/We are the parent(s)/legal guardian(s) of _____ with full power
(Name of Child)
and authority to sign this authorization/release on his/her behalf as well as my/our own.

Executed as a sealed document this ____ day of _____, 20 ____

By: _____
Name of Parent(s)/Guardian(s)

Signature(s) of Parent(s)/Guardian(s)