



DOING THE MOST GOOD™

The Salvation Army

LEGAL GUARDIAN CONSENT

(required for ALL Participants under the age of 18 *)

On behalf of myself and **PRINT MINOR'S NAME HERE -** , a minor (the "Participant"), as the parent or other legal guardian of the Participant, I understand that participation in the activities described in Exhibit 1 attached hereto (the "Activities") sponsored by The Salvation Army, the New York corporation ("The Salvation Army"), comes with a certain degree of risk. On behalf of myself and the Participant, I have carefully considered the risk involved, I agree to assume such risk and I have given consent for Participant to participate in the Activities. I understand that participation in the Activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release The Salvation Army and all Officers, employees (including the Activities coordinators), volunteers, related parties, or other organizations associated with the Activities (together, "the Released Parties") from any and all claims or liability of whatever kind or nature, which Participant or I may have arising out of or resulting, directly or indirectly, from such participation.

In case of an emergency involving the Participant I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication, for the Participant in the event s/he becomes ill or injured while participating in the Activities. On behalf of the Participant and me, I agree that the Released Parties shall have no responsibility for any medical expenses incurred as a result of any illness or injury suffered by the Participant while participating in the Activities. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the undersigned, and/or determination of the Participant's ability to continue in the Activities.

This Consent is effective as of the date below and will remain valid for the duration of the Participant's involvement in the Activities, or such earlier time as this Consent is rescinded in writing by the undersigned.

This Consent will be binding on the heirs, successors, assigns, administrators and executors of both me and the Participant.

I acknowledge that I have read and fully understood this Consent and that I have been given an opportunity to ask questions and have such questions answered.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

PHILIP J. SUPECK

Name of Salvation Army Witness

Philip J. Supeck

Signature of Salvation Army Witness

12.27.2022

Date

* 21 In Puerto Rico