

Maniilaq Youth Softball Permission Form

Parent/Guardian Consent

I, _____, hereby give my consent for my child, _____, to participate in the Maniilaq Wellness Youth Softball Program for the summer 2024 season. I understand that participation in this program involves certain risks and hazards, including but not limited to, physical harm or injury, and I accept these risks on behalf of my child.

Release of Liability

I agree to release, discharge, and hold harmless Maniilaq Association, its officers, directors, employees, agents, and representatives from any and all claims, demands, causes of action, or liability arising out of my child's participation in the Maniilaq Wellness Youth Softball Program for the summer 2024 season.

Medical Information

I hereby certify that my child is physically able to participate in Maniilaq Wellness Youth Softball Program. I authorize Maniilaq and its representatives to obtain medical treatment for my child in case of an emergency. I understand that I am responsible for any and all medical expenses that may be incurred on behalf of my child.

Photo Release

I hereby grant permission for Maniilaq Association to use any photographs and/or videos taken of my child, to use and publish for promotional purposes without compensation.

I have read and understood the terms and conditions of this permission slip, and I agree to abide by them.

Signature: _____

Date: _____

Phone Number: _____

If you have any questions, comments or concerns, please reach out via email at Jessalyn.swanson@maniilaq.org or by phone at (907)952-1005.

*We are looking for any volunteers to help with coaching, umpires, etc. so please reach out if you are interested!