



Waiver of Liability Agreement for Minor

I, _____ (Printed Name of Parent or Legal Guardian), am allowing the minor _____ (Printed Name of Minor Participating) to participate in the Operation Vanguard Homeless Challenge Program during the dates of November 11-13th 2022.

I have voluntarily enrolled the minor listed above in Operation Vanguard. I understand that the minor and I are subject to the laws and regulations of the City of Terre Haute and the state of Indiana in which the minor doing Operation Vanguard and that Reach Services cannot be held accountable for the actions of the city, state, or federal agencies and their representatives. The minor and I are aware that the use of transportation, housing (e.g sleeping outside), food and other goods, services or activities in connection with participation in Operation Vanguard carries a risk of personal injury, property damage, or loss.

I release and discharge Reach Services, its officers, directors, employees and their legal representatives from liability and/or injury, damage, and/or losses arising out of the arrangement or provision of transportation, housing, food, and other services or goods involved with Operation Vanguard. The minor and I agree not to sue or make claim against Reach Services or any cosponsoring organizations and its officers, directors, employees, and legal representatives for any liability, damage, or loss incurred during or in negligence of the parties mentioned above. The minor and I do not release the above-mentioned parties from the liability for any willful or intentional act(s).

By signing I acknowledge that I have read, understand and will adhere to packets discussing:

- Alcohol and Substance Abuse Policy
- Participation of a minor
- Participant Information

Minors Printed Name: _____

Minors Signature: _____

Date: _____

Guardian Printed Name: _____

Guardian Signature: _____

Date: _____



Personal Information (Minor)

First Name: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

City/ State/ Zip: _____

Phone Number: _____

Email: _____

Hospital of Choice: _____

Blood Type: _____

Parent/ Guardian Information

First Name: _____

Last Name: _____

Relationship: _____

Phone Number: _____

Secondary Phone Number: _____

Emergency Contact

First Name: _____

Last Name: _____

Relationship: _____

Phone Number: _____

Secondary Phone Number: _____