

**CONSENT FOR PARTICIPATION**  
**AND RELEASE OF LIABILITY**

By signing this form, I hereby give my consent for the following child \_\_\_\_\_  
\_\_\_\_\_ (name and DOB) to participate in activities as part of the \_\_\_\_\_  
group/program located at \_\_\_\_\_. I understand that activities may include, but are not  
limited to: skiing, swimming, ropes course, horse-back riding, hiking, visits to museums, businesses, parks,  
library, zoo, etc. and/or other similar recreational activities.

If applicable, I further give my consent for Davis Behavioral Health and its staff members to transport my  
child to, from, and during activities. Transportation may include van, bus, car, light rail, bike, walking, etc.

I understand and agree that horseplay and other inappropriate behaviors, including but not limited to foul and  
abusive language, will not be tolerated and may result in immediate discharge from the activity or program.

**By signing this form, I hereby understand and agree that I am releasing Davis Behavioral Health  
and/or any of its staff members from any and all liability and responsibility for any accidents and/or  
incidents that may occur during the above-named child's participation in activities, groups, meetings  
and/or any transportation to the aforementioned events.**

I understand and agree that the child is expected to arrive on time and be picked up on time. If I am absent  
or otherwise unavailable to arrive at the scheduled pick-up time, I hereby authorize Davis Behavioral Health  
to contact the following individual(s) to come and pick up the child. .

\_\_\_\_\_ (Name and Phone #)  
\_\_\_\_\_ (Name and Phone #)  
\_\_\_\_\_ (Name and Phone #)

In the space below, I have listed any limitations, allergies, etc. that Davis Behavioral Health and staff  
members should be aware of regarding this child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If an accident or medical emergency should occur during an activity or transportation, and there is no parent  
or guardian of the child immediately available, I hereby authorize 1) Davis Behavioral Health staff members  
and/or 2) non-DBH staff members operating the off-site program to seek immediate medical assistance  
including, but not limited to, taking my child to the closest medical unit for treatment. Davis Behavioral  
Health and its staff members will notify parents/guardians at the earliest opportunity. I understand that I will  
be responsible for any medical expenses incurred.

My health insurance company is: \_\_\_\_\_

My health insurance number is: \_\_\_\_\_

Telephone numbers where I can be reached: (home) \_\_\_\_\_  
(work) \_\_\_\_\_ (cell) \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)