

SAFE in Northern Michigan

Our mission is to prevent youth substance use and increase community awareness of tobacco, alcohol and other substance use in Northern Michigan.



SAFE Youth PARENT/GUARDIAN PERMISSION and LIABILITY RELEASE FORM

I give permission for my child, _____, to join SAFE Youth and to travel to SAFE Youth activities when necessary. This permission is granted for up to four years from the date signed below. I may withdraw my permission by contacting Susan Pulaski in person or writing at the following address: 3434 M-119 Hwy. Ste A, Harbor Springs, MI 49740.

I understand my child may be traveling in personal cars driven by an advisor or volunteer adults. With my signature at the bottom, I release the SAFE in Northern Michigan organization, and SAFE youth adult advisors from any liability if my child is injured while on a SAFE youth related trip as a result of the ordinary negligence of any employee, volunteer, officer or agent of the parties listed above. I also understand that I will receive a separate request for permission form for each occasion my child will be transported more than 60 miles outside of Antrim, Charlevoix or Emmet Counties.

By signing this permission form, I also give any of the adult volunteer's, in the absence of a parent or guardian, permission to seek and approve medical treatment for my child while on a SAFE youth-related trip.

Signature of Parent or Guardian _____ Date _____

Printed name of Parent or Guardian _____

Insurance Company and Policy Number _____

My Child, _____, has permission to ride with another SAFE Youth teen driver to SAFE Youth meetings and/or events.

Parent Signature: _____ **Date** _____

Declined: _____

My telephone number is (day) _____
evening) _____

Address: _____

Family email: _____

I am willing to volunteer as a chaperone for a SAFE Youth Activity Night

____ Yes ____ No