

BRIGHT  DAYS
RECREATIONAL SERVICES
“Serving people with disabilities”

Name of Trip(s): _____

Date of Trip(s): _____

WAIVER/CONSENT AGREEMENT
ALL APPLICANTS MUST SIGN AND RETURN

Participants and their guardians applying for this trip do so at their own risk. Bright Days Recreational Services, its staff, and volunteers shall not be held liable for any harm to person or property as a result of self-injurious behavior, or the action of any other trip participant. Participants, guardians, and agents, also release Bright Days Recreational Services, its staff, and volunteers from responsibility for anyone who voluntarily departs the trip. Bright Days Recreational Services will not be held responsible for the breakage or loss of any personal property, or malfunction of adaptive equipment.

If for any reason a participant must receive medical attention, and extra staffing is needed, all costs shall be incurred by the applicant or guardian. Staff and/or volunteers of Bright Days Recreational Services are granted authority, and permission to authorize treatment at a hospital or clinic when deemed necessary. Bright Days Recreational Services shall not assume any of the costs that may be incurred as a result. Applicants are advised to carry their own medical insurance.

Bright Days Recreational Services is granted permission to use photographs taken of applicant for promotional purposes (brochures, catalogs, etc.), unless otherwise stated in writing.

Medications that need to be administered during the trip must be prepacked in “med envelopes” indicating name of participant, name of medication, date, time, and dose.

“I have read and understand the information above, and agree to the terms stated therein.”

Signature (guardian or provider) _____ Date _____

Permission to Participate (This section is unnecessary if participant is his/her own legal guardian)

Permission is granted for _____ to participate in _____ trip. I am the guardian or provider for the above named individual, and grant permission for this trip.

Signature (Guardian or provider) _____ Date _____