

## Iowa Alateen Consent and Release Form

<p><b>Serenity Weekend or Assembly</b></p> <p>_____ Attending without Parent or Guardian Complete entire form.</p> <p>_____ Attending with Parent or Guardian. Complete Contact info, Behavior, and Waiver sections.</p>	<p><b>Transportation</b> to an Alateen event such as public outreach or weekly meeting. Complete entire form.</p> <p>Date of one time event ____ / ____ / ____</p> <p>Ongoing Event such as weekly meeting. <i>Form is valid for one year.</i></p> <p>From ____ / ____ / ____</p> <p>To ____ / ____ / ____</p>	<p>Other (Describe)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**CONTACT INFORMATION**

Alateen name: \_\_\_\_\_ Age: \_\_\_\_\_ Minor: \_\_\_\_\_ or 18/19 yrs \_\_\_\_\_

Address: \_\_\_\_\_ District: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

<p><b>MEDICAL</b> Insurance Information: Company _____</p> <p>Policy Number: _____ Member Number: _____</p> <p>I give permission for my child to receive medication from the onsite nurse (Serenity Weekend only). ____ Yes ____ No</p> <p>All medication must be given to the nurse upon arrival. <b>List all medications/allergies:</b> _____</p> <p>_____</p> <p>_____</p>
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<p><b>TRANSPORTATION WHO IS DRIVING – CHECK ONE</b></p> <p>_____ Parent/Guardian                      _____ Alateen (keys must be turned in to AMIAS upon arrival)</p> <p>_____ AMIAS                                      _____ Other _____</p>
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<p><b>BEHAVIOR</b> We have read and agree to follow the Iowa Area Alateen Camp, Hotel, Safety and Behavior Guidelines (see other side). Failure to abide by the rules and regulatins of this activity will result in termination of participation. Any travel expense or any damage repair cost is the sole responsibility of the parent/guardian if a minor or participant if 18 or older.</p>
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<p><b>WAIVER</b> As the Alateen member (adult) or parent/guardian of the Alateen member (minor), I hereby release AI-Anon Family Groups, its agents, volunteers and employees from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent/guardian.</p> <p>The adult Alateen member or the parent/guardian of the minor Alateen member is responsible for payment of any medical services required and obtained on the Alateen member's behalf. I further hold harmless the sponsors of the event attended by my child, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.</p>
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Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Adult Alateen signature: \_\_\_\_\_ Date \_\_\_\_\_