

Washington Indemnity and Release Form
First Washington/Alaska Youth Court Conference
November 9-11, 2007

I, _____,
(parent or guardian)

agree under the laws of the state of Washington or Alaska, that I will absolve all liability and waive all claims against all volunteers, coordinators and/or associates of the First Washington/Alaska Youth Court Conference for any reason that may arise in any way from participation in the first Washington/Alaska Youth Court Conference in Seattle, Washington November 9-11, 2007.

Parent/Guardian Signature

Date Signed

Permission to Use Images

I give permission to the youth courts of Washington and Alaska to use images (photographic or video) of my child _____,
(Name of your child)

that are taken at this conference. These images may be used for promotional brochures, professional, educational and community awareness purposes, but not commercial purposes.

Parent/Guardian Signature

Date Signed

Permission for Medical Care

I further give permission for any medical care that may be needed for my child, _____, in case of an emergency while attending this conference.
(Name of your child)

Health Insurance Policy Name _____

Policy Number _____

Doctor _____

Parent/Guardian Signature

Date Signed

Please provide the following contact information in case of an emergency:

Name: _____

Telephone Number: _____

Address: _____

Washington youth should complete this Indemnity and Release Form including obtaining parental/guardian signatures and submit it with your Registration form and payment to:

Attention: Financial Services
Washington State Administrative Office of the Courts
PO Box 41172
Olympia, WA 98504-1172