



# DAUGHTERS OF ZION ENTERPRYZ

## Annual Liability Waiver

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NO ATTENDEE MAY PARTICIPATE UNLESS THE PARENT/LEGAL GUARDIAN HAS SIGNED AND RETURNED THIS FORM TO A DOZ STAFF MEMBER.**

### Authorization and Waiver

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ and he/she has my permission to participate in all DOZ duties and activities for the 2024 Calendar Year on site. I understand that participation in the activities involves a certain degree of risk. I also understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Daughters of Zion and all related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical facility/urgent care/hospital selected by the adult leader in charge to secure proper treatment for the situation.

I fully understand that I am signing this waiver for the remainder of the year and will be asked to sign a new waiver at the start of a new calendar year.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_