

Parental Release/Release of Liability for Minors Participating in 2026 RTAC Outreach Events

Child's Name: _____

Child's Age: _____

Parent/Guardian: _____

Parent/Guardian Cell Number: _____

Email Address: _____

Parent/Guardian Home Number: _____

On behalf of the EMS Region 5 Regional Trauma Advisory Committee (RTAC), thank you for allowing your child to participate in our upcoming outreach and education event. The purpose of the event is to educate the community on injury prevention initiatives (e.g., ATV safety, bike safety, firearm safety, Stop the Bleed training, etc.).

I, _____ (print name of parent/guardian), give permission for my daughter/son
_____ (print name of minor) to participate in trauma outreach and prevention
programming.

In doing so:

- I understand that participation in this programming is strictly voluntary, and my child, with my permission, freely chose to participate.
- I authorize photographs and/or video recordings of my child as he/she participates in the program.
- I authorize the Region 5 RTAC to utilize photographic negatives, prints, digital images, and digital video prepared during the program. I understand that such material may be used for educational, publication, broadcast, social media, or internet-related purposes.
- I fully understand and acknowledge the nature of my child's participation in RTAC outreach events.
- I agree to release and hold harmless the Region 5 Regional Trauma Advisory Committee and its agents, sponsors, and volunteers from any and all liability for damage to or loss of personal property, illness, injury, or loss of money that might occur while participating in this event.
- I am aware of the risks of participation, which include but are not limited to the possibility of injury, allergic reactions, and fatigue.
- I verify that I will be responsible for any medical costs incurred as a result of my child's participation.

Parent/Guardian Signature: _____ Date: _____

Child's Signature: _____ Date: _____