



**PERMISSION TO PARTICIPATE IN ONE DAY ACTIVITY  
SPONSORED BY  
JUNIOR OPTIMIST OCTAGON INTERNATIONAL (JOOI)**

Destination Site: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Approximate Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ With: \_\_\_\_\_

From: \_\_\_\_\_ Donation Requested per Student: \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I request that (Participant's Name – PLEASE PRINT) \_\_\_\_\_ be allowed to participate in the activity described above and specifically consent to his / her participation.

I understand that Junior Optimist Octagon International (JOOI) does not or may not carry any insurance relative to the activity, including the cost of the activity, or for injuries to the participant. I represent that the participant has insurance or I take responsibility for paying the participant's medical costs if any are deemed necessary.

If any emergency medical procedures or treatment are required during the activity, I consent to the activity supervisor(s) taking, arranging for, or consenting to the procedures or treatment in his / her or their discretion. Emergency Medical Information for participant:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate : \_\_\_\_\_

Medical Information for participant (such as allergies) that person giving treatment should know about:

I agree to release, indemnify, and hold harmless Junior Optimist Octagon International, Optimist International, and its representatives, agents, or assignees, as well as its approved adult activity supervisors (together known as "JOOI Indemnities") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs, and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent, or guardian of the above named participant may have or may allege to have against JOOI Indemnities arising out of or in any manner relating to the participant's participation in the activity, including but not limited to the rendering of emergency medical procedures or treatment.

\_\_\_\_\_  
Name of Participant (PLEASE PRINT)                      Signature of Participant                      Date

Note: This form must be signed by participant if the participant is 18 years of age or older.

\_\_\_\_\_  
Name of Parent / Guardian (PLEASE PRINT)                      Signature of Parent / Guardian                      Date