



GENERAL RELEASE OF LIABILITY AND WAIVER FORM

I, _____, am fully aware that participation in Groundwork Jacksonville programs may result in the risk of personal injury or harm to me. I hereby agree to release and hold harmless GROUNDWORK JACKSONVILLE, FLORIDA STATE COLLEGE AT JACKSONVILLE, the BOYS AND GIRLS CLUB OF NORTHEAST FLORIDA, the HONEY POT BIKE COLLECTIVE and the CITY OF JACKSONVILLE and any other organizations determined by Groundwork Jacksonville, including its directors, volunteers, employees, and agents, from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law.

I have read and understand this release, indemnification and hold harmless form.

PHOTO AND VIDEO RELEASE

Your consent is appreciated as it allows photos and video taken during this program to be used by Groundwork Jacksonville to raise additional funds for our programming and projects. In addition, the photos are used to document our work and to ensure our partners and funders that we are meeting our target goals.

I hereby authorize Groundwork Jacksonville and/or parties designated by Groundwork Jacksonville (including periodicals, other printed matter, or electronic media, and their editors) to use my photograph or video in any medium Groundwork Jacksonville or its designees see fit for the purposes of promoting Groundwork Jacksonville, in Groundwork Jacksonville program displays, exhibitions, or for their editorial use.

Printed Name: _____

Signature: _____

Date: _____

Phone Number: _____

Email: _____



MINOR GENERAL RELEASE OF LIABILITY AND WAIVER FORM

Parent or Legal Guardian: You are required to read the following information very carefully and make sure that you understand it fully and sign it before allowing your child to participate in this activity or program.

I, _____, am fully aware that participation in Groundwork Jacksonville programs may result in the risk of personal injury or harm to me or my child. I represent that I am the parent or legal guardian of the child named below, who is under 18 years of age. I hereby agree to release and hold harmless GROUNDWORK JACKSONVILLE, FLORIDA STATE COLLEGE AT JACKSONVILLE, the BOYS AND GIRLS CLUB OF NORTHEAST FLORIDA, the HONEY POT BIKE COLLECTIVE and the CITY OF JACKSONVILLE and any other organizations determined by Groundwork Jacksonville, including its directors, volunteers, employees, and agents, from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law.

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Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Print Name of Parent or Legal Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Phone Number: _____

Email: _____



Pickup Authorization Form

I, _____ give permission to:
(Parent/Guardian)

(Person 1 picking up my child, include relationship to child)

(Person 1 phone number)

(Person 2 picking up my child, include relationship to child)

(Person 2 phone number)

to pick up my child _____
(Child's name)

For the Groundwork Jacksonville Green Team Fellowship 2019-20 related dates and activities. Persons not mentioned on this form do not have permission to pick up my child. Please see Shanell Davis-Bryant, Program Manager, if there are any questions, concerns or if individuals need to be added to this authorization. Youth participants will not be permitted to leave with anyone not authorized on this form.

(Parent/Guardian signature)

(Date)



ONEVIEW PORTAL PARENT FERPA CONSENT FORM

I consent to the disclosure of the following educational records of my child to _____ and the Jacksonville Public Education Fund (“Data Recipients”). I understand that the following educational records will be available to facilitate research to improve instruction and student supports throughout Duval County.

Student Information: *(please print)*

Last Name	First Name	MI	Date of Birth	Student Number
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All of the following educational records are approved for release:

- | | |
|---|---|
| <ul style="list-style-type: none"> • All student and family demographics • All district/state/national student assessments • All student services data including discipline and health | <ul style="list-style-type: none"> • All academic data • All attendance data • All data contained on the OneView parent portal |
|---|---|

Parent/Guardian Providing Consent to Above-Listed Data: *(please print)*

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
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Written consent of parents is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

You may revoke this authorization at any time. Unless revoked earlier, this consent will remain in effect until one school year (August 1st to July 31st of the following year) after program enrollment.

Duval County Public Schools Use Only:

Name of DCPS Staff Fulfilling Request (Print)	Staff Signature	Date
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National Park Service Release Form

I hereby grant the National Park Service, or its authorized representatives and contractors, the right to make visual recordings, audio recordings, still images, and/or to otherwise capture material of me and any minor child under my control at the time the material is collected.

I hereby agree that the material will become the property of the National Park Service and will not be returned. As such, I agree that the National Park Service and its assigns have the right to reproduce, prepare derivative works of, distribute or display and use these materials in whole or in part, for government and non-government purposes, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages throughout the world.

I hereby hold harmless and release and forever discharge the National Park Service from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I agree to indemnify and hold the Government harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the activities associated with the project in which I am taking part.

Description of Material: Visual recordings, audio recordings, & still images

Signature/Date:

Printed Name

Address:

City: State: FL Zip Code:

Phone (please include area code):

Organization/Group Name (if applicable): Groundwork Jacksonville

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of, named above, and do hereby give consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date

Parent or Guardian's Printed Signature

For NPS/Contractor Administrative Use Only:

Table with 6 columns: Park, Project, Location, Date, Contractor, NPS COR

Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form.



Confidential Health Questionnaire

Youth Name: _____ Date: _____

Home Address: _____

Emergency Contact(s): _____

Primary Emergency Phone Number: (day) _____ (eve): _____

Emergency Cell Phone/Page: _____

Relationship of Emergency Contact(s): _____

SEVEN-QUESTION HEALTH QUESTIONNAIRE

Parent or legal guardian should complete form for their minor child participating in GROUNDWORK JACKSONVILLE activity.

- 1. Have you experienced an asthma attack at any time in your life?** (Asthma can potentially be affected by exercising at altitude, in dry air, extreme cold, etc.)
- 2. Have you ever been diagnosed with type I or type II diabetes?** (A diabetic can easily become dehydrated in backcountry environments. Further, long, arduous days/hikes can lead to hypoglycemia, etc.)
- 3. Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?** (Some people are allergic to stinging insects; nut products or other food products which a co-participant might be carrying or may be included in a meal prepared by Green Team staff; iodine, which might be used to treat drinking water and/or clean wounds, etc.)
- 4. Have you ever received medical treatment for angina, a heart attack, or any type of heart disorder/disease?**
- 5. Have you ever been diagnosed with or are you currently being treated for high blood pressure?** (The environment and workload associated with Green Team courses can sometimes affect BP and/or the efficiency of some BP medications.)
- 6. Have you ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder?** (Some seizures are triggered by fatigue and dehydration [which can occur following a long hike], significant change in diet, stress, etc.)
- 7. Is there anything else you think we should know about your medical background?** (i.e., anything that could affect your safety or ability to participate fully?)

	Yes	No
1. Have you experienced an asthma attack at any time in your life?		
2. Have you ever been diagnosed with type I or type II diabetes?		
3. Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?		
4. Have you ever received medical treatment for angina, a heart attack, or any type of heart disorder/disease?		
5. Have you ever been diagnosed with or are you currently being treated for high blood pressure?		
6. Have you ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder?		
7. Is there anything else you think we should know about your medical background?		

If you answered **YES** to **ANY** of the above questions please answer the following as well:

- I was diagnosed with _____ in the last year.
- I have visited the emergency room in the last year due to _____.
- I have had to use epinephrine following an asthma attack/allergies or anaphylaxis in the last year? _____
 - Will you be bringing/carrying epinephrine on the outing? _____
 - What are you allergic to? _____
- How often do you use your inhaler to treat your asthma or wheezing? _____
- Do you have poor circulation due to your diabetes? _____
- Will you be carrying insulin or wearing an insulin pump during your outing? _____
- Are you able to exert yourself for more than 30 minutes without experiencing angina (chest) pain? _____
- Are you currently taking medication for your seizures? _____
- Have you experienced a seizure within the past year? _____
- Is your blood pressure currently under control (i.e., systolic under 140 and diastolic between 60 and 100)? _____

DIETARY ALLERGIES Please be specific (dairy, gluten {wheat, barley, rye} , shellfish, peanuts, egg, fish, etc.

DIETARY PREFERENCES Please be specific (vegetarian, vegan, etc.)

Do you have Health Coverage for your child? (Circle one) YES NO

If yes, Health Insurance Company:

Policy Number: _____

Youth Participant's Doctor: _____

Doctor's Phone: _____

Is your child's health insurance covered through Medicaid? (Circle one) YES NO

If there is anything else you think we should know about your medical background, please explain here. Attach a separate sheet if necessary.

PLEASE READ CAREFULLY! Participants (and parents/guardians, if appropriate) must read and sign below.

Participant acknowledgement of accuracy and understanding. By signing this form, I am declaring that, to the best of my knowledge, I have completed the questionnaire accurately. I also understand that by knowingly filling out the form inaccurately, or by withholding pertinent information about my health, I could potentially be increasing the risk to myself or others.

Consent to accept aid. By signing this form, I am giving consent and permission for Groundwork JACKSONVILLE staff, volunteers, representatives, or contractors to provide medical care to me or to my child, to transport me or my child to a medical facility or to seek the aid of emergency medical services as deemed appropriate. I further authorize Groundwork JACKSONVILLE staff, volunteers, representatives, or contractors to render whatever treatment they consider necessary for my or my child's health, and I agree to pay all costs associated with that care and transportation.

Youth Participant's name (printed)

Youth Participant's signature

Signature of parent/guardian (if applicant is under 18)

Date