

Kick Butts Day: Take Down Tobacco 2020

Parent/Guardian Consent Form

To the youth: Have your parent or guardian fill out and sign this part of the form. To the parent/ guardian: Please read carefully, fill in the correct information, and sign.

I give _____ (name of youth) permission to participate in the 2020 Kick Butts Day: Take Down Tobacco Event offered by Health Resources in Action on Wednesday, April 29, 2020. at the Massachusetts State House in Boston, MA. I understand that s/he will be at this event as an individual.

I also give _____ (name of youth) permission to ride in a bus provided by Health Resources in Action to the event, if transportation was requested by their adult advisor. I understand that my child will be riding on the bus with other youth and adults from other organizations.

I also agree that _____ (name of youth)'s photograph may be taken during this event and published on websites and in other publications for The 84 Movement and Health Resources in Action. I understand that I will not be paid for the use of these photos, and I do not hold The 84 Movement, Health Resources in Action, or the Massachusetts Department of Public Health responsible for any damages rising out of use of these photos.

As parent and/or legal guardian, I agree on behalf of myself, my child, or our heirs, successors and assigns, to hold harmless and defend Health Resources in Action and its agents, employees, officers and directors, as well as the sponsors of the activity and their agents, employees, officers and directors from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith; provided, however, that this indemnity will not apply with respect to any claims for injury to the extent of any available and applicable motor vehicle insurance or other liability insurance.

If I have any questions about this program, I understand that I can contact Carly Caminiti, Project Manager of The 84 Movement at Health Resources in Action, at 617-279-2282 or ccaminiti@hria.org.

Parent/guardian signature Date

Parent/guardian name (please print)

Parent/ guardian phone # in case of emergency Parent/ guardian Email (if you have one)

Address City Zip

Scan or mail consent forms to: word@the84.org, Health Resources in Action, 2 Boylston Street, 4th Floor, Boston, MA 02116. Phone 617-279-2282.

The 84 is a program of the Massachusetts Department of Public Health developed and managed in partnership with Health Resources in Action.