



Mackinac Island
community foundation

YOUTH ADVISORY COMMITTEE (YAC)

PERMISSION, MEDICAL AUTHORIZATION, WAIVER AND RELEASE OF LIABILITY

2024-2025

The Mackinac Island Community Foundation (MICF) is planning to have in-person YAC meetings during the 2022-23 Academic Year. Meetings will generally be held at Mackinac Island Public School. Transportation to and from all meetings and/or events will be the student/parent’s responsibility. In the event that the MICF feels it is in the best interest of staff and students to hold virtual meetings, they will be conducted through electronic communication that may include email, phone, text, and video including live video conferencing communications. All virtual meetings will be conducted via MICF owned accounts with a trained adult present at all times. Meetings are anticipated to take place during the school day, once per month. We appreciate our YACers!

Student Name _____

Sweatshirt Size:

Youth

Adult

I represent and warrant that I am at least 18 years of age. (check if applicable)

PARENT/GUARDIAN INFORMATION (if student is under the age of 18)

Required Name:

Phone Number:

Optional Name:

Phone Number:

I, _____ declare that I am the parent/legal guardian of the following minor student: _

SPECIAL NEEDS / ALLERGIES / DIETARY NEEDS: I have/My student has the following special medical needs, equipment, allergies and/or dietary needs:

MEDIA RELEASE:

I, the parent/guardian of the above-named student (or undersigned student over the age of 18) give my permission to Mackinac Island Community Foundation to use my child's (or "my" if I am over the age of 18) name, photograph, video, the use of statements made by or attributed to my child (or "myself" if I am over the age of 18), or any likeness for programmatic, educational, and promotional purposes, and grant the Foundation any and all rights to said use without further compensation. Further, I give my permission to the Mackinac Island Community Foundation to record my student's (or "my" if I am over the age of 18) image and/or voice for use by MICF or its assignees for programmatic, educational, and promotional purposes. I understand and agree that these audio, video, film, digital and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity. I understand that my signature below releases the Foundation from any financial or legal responsibility for the use of media relations/promotional materials.

Accept

Decline

PERMISSION, MEDICAL AUTHORIZATION, WAIVER AND RELEASE OF LIABILITY:

I hereby give my permission for the above-named student (or undersigned student over the age of 18) to participate in the Youth Advisory Committee of the Mackinac Island Community Foundation during the 2022-2023 Academic Year as described above and I further agree to all the terms of the Permission Waiver and Release stated herein.

Whenever my student is involved in a MICF YAC activity and I am unavailable or otherwise unable to provide authorization directly, I grant MICF staff and/or their designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. Further, I assume responsibility for all financial obligations for medical services and treatment, if any.

I, the parent/guardian of the above-named student (or the undersigned student over the age of 18) waive, release and agree to hold harmless the Mackinac Island Community Foundation (MICF) and their respective agents, officers, board members, representatives, employees, and volunteers (the "Releasees") from any liability to the undersigned and the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the above named student relating to participation in the YAC, or transportation to or from meetings or events, whether caused by the negligence, gross negligence, or recklessness of the Releasees or otherwise.

The undersigned has read the Permission, Medical Authorization, Waiver and Release of Liability and voluntarily signs.

Parent/Guardian Signature (or YAC member over 18)

Date