

**Information for Insideout Pride Lock-In**

We are excited for the Pride Lock-In, which will be held from September 28-29, 8pm to 8am just a few blocks from Durham's Pride festival on September 29. In the morning after the lock-in, we will walk together to the Festival, where Insideout will hold organized games and activities, including a space for very young children and their parents. We will reconvene to line up to march in the Parade.

We will provide snacks at the lock-in (eat dinner before you come!) and breakfast. In the morning we will pack bagged lunches to take with us to Pride.

Please sign below to show that you understand that Insideout is not responsible for your child after the lock-in ends at 8am. We expect youth to arrange transportation home from Pride on their own. If your child requires supervision at the Festival, be sure to meet us at 8am at the conclusion of the lock-in to accompany them to Pride.

We are looking forward to the best Pride ever.

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# INSIDEoUT PARENT/GUARDIAN CONSENT FORM

(Ages 17 and younger)

**Please print, complete, scan and email this form and a copy of Participant's insurance card to [insideoutamy@gmail.com](mailto:insideoutamy@gmail.com). If you have questions, or prefer an alternate submission method, please contact Amy Glaser at [insideoutamy@gmail.com](mailto:insideoutamy@gmail.com) or 919.923.7884.**

MINOR PARTICIPANT'S NAME (print): \_\_\_\_\_ ("Participant")

PARENT/GUARDIAN NAME (print): \_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent as the parent/guardian of \_\_\_\_\_, for his/her involvement in iNSIDEoUT. I understand that the "PHOTO/VIDEO RELEASE," "CARPOOL RELEASE," "VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY," and "MEDICAL CONSENT FORM," apply to all iNSIDEoUT/Outside In 180 programs and activities. By signing here, I certify that I, with legal responsibility for Participant, do hereby permit their participation in all iNSIDEoUT Programs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any important information about Participant's health, medical history or well-being (including food and insect allergies, important behavioral traits, medication and dosage, etc.). Attach explanation if necessary. If none, write "none":

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Parent/Guardian #1 Home Address: \_\_\_\_\_

Parent/Guardian #1 Emergency Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian #1 Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Parent/Guardian #2 Home Address: \_\_\_\_\_

Parent/Guardian #2 Emergency Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian #2 Email Address: \_\_\_\_\_

Emergency Contact Name (other than parent/guardian): \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number (if parent/guardian is not available): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company\*: \_\_\_\_\_ Policy #: \_\_\_\_\_

*\*Please attach a copy of Participant's insurance card.*

## PHOTO/VIDEO RELEASE

\_\_\_\_\_: Yes, I give permission for recorded images and videos of my child and his/her name to be featured on the iNSIDEoUT website at [www.iNSIDEoUT180.org](http://www.iNSIDEoUT180.org) for educational and publicity purposes. I release iNSIDEoUT from any and all claims resulting from such use.

\_\_\_\_\_: No, I do not want images or videos of my child, or my child's name posted on iNSIDEoUT's website.

## CARPOOL RELEASE

\_\_\_\_\_: Yes, I give permission for my child to ride in a car with iNSIDEoUT adult volunteer and youth volunteer drivers.

\_\_\_\_\_: No, I do not want my child to ride in a car with iNSIDEoUT adult volunteers or youth volunteer drivers.

\_\_\_\_\_: I give permission for my child to drive other iNSIDEoUT participants.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY

THIS VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY (the "Release") is executed on \_\_\_\_\_ (mo/day/year), by the parent or legal guardian of the Participant identified above in favor of iNSIDEoUT/Outside In 180 and its agents, officers, employees and volunteers (all of whom shall hereafter be referred to as "iNSIDEoUT").

I, \_\_\_\_\_, for and in consideration of iNSIDEoUT's permission for \_\_\_\_\_ to participate in iNSIDEoUT's activities and programs, do hereby agree as follows:

1. Waiver of Claims. I waive, release and discharge any and all claims of any kind whatsoever I may have against iNSIDEoUT including but not limited to any claim for damages, relief or compensation which I may have by reason of injury, death, property damage or loss of any kind arising out of my minor child's participation in any part of iNSIDEoUT's programs, including travel to and from these programs.
2. Indemnify and Hold Harmless. I release, indemnify and hold harmless iNSIDEoUT from any and all claims, liabilities, demands, damages, actions or causes of action of any kind or any character that may arise in any manner by reason of loss, death, injury, damage to person or property or both of Participant or third parties as a result of Participant's participation in iNSIDEoUT, even if such loss, death or injury is the result of negligence on the part of iNSIDEoUT. I expressly agree to indemnify and hold harmless iNSIDEoUT from any claims, losses, costs or expenses of any kind, including attorney's fees which iNSIDEoUT may incur as a result of any lawsuit, claim or demand made by said minor against iNSIDEoUT.
3. Covenant Not to Sue. I hereby covenant not to sue and agree to never initiate, or be a party to any lawsuit, claim, demand, prosecution or action of law for any damages, relief, or compensation, which I may have by reason of injury, death, damage or loss of any kind relating to the negligence on the part of any or all of iNSIDEoUT arising out of Participant's participation in any part of the iNSIDEoUT program.
4. Scope. I understand and agree that this Voluntary Release of Rights and Waiver of Liability is binding upon my executors, administrators, personal representatives, collectors, heirs, successors and assigns.
5. Severability. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have read this Voluntary Release of Rights and Waiver of Liability agreement, fully understand the terms, and understand I have given up substantial rights by signing it. I sign it freely and voluntarily without inducement. I do hereby certify that I, with legal responsibility for the named participant, do consent and agree to the terms and full effects of this contract and do hereby permit Participant's participation in iNSIDEoUT.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL CONSENT FORM

In the event of accident or injury or other medical emergency involving Participant while participating in an Outside In 180/iNSIDEoUT (which shall hereafter be referred to as "iNSIDEoUT") event where I am unable to consent or am not present:

1. I authorize any adult representative of iNSIDEoUT to act as he/she deems necessary or proper to provide for the health care of my minor child during an accident or injury or other medical emergency.
2. I hereby voluntarily consent to any hospital or other healthcare institution to provide medical care and treatment for my minor child during an accident or injury or other medical emergency.
3. I agree to pay the reasonable cost of medical care or treatment and to indemnify and hold free and harmless of all liability for such cost iNSIDEoUT and its officers and members.

Effort shall be made to contact me before Participant is treated for an accident or injury or other medical emergency, but such treatment will not be withheld if I cannot be reached.

By signing here, I indicate that I have the understanding and capacity to evaluate health care decisions on behalf of Participant and that I am fully informed as to the contents of this document and understand the import of this grant of powers to iNSIDEoUT.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_