OFFICIAL DOCUMENT

Liability Waiver & Consent Form

Power of Credit Institute NFP — Youth Enrollment Documents

Student Information

Student Full Name: _____

Parent / Guardian Name: _____

Program / Class: _____

Acknowledgment of Physical Activity Risks

I, the undersigned parent or legal guardian of the student named above, acknowledge that participation in **Power of Credit Institute NFP (POCI)** programs, workshops, events, and activities may involve physical activity. I understand that such activities carry inherent risks, including but not limited to: physical injury, accidents, falls, and other hazards associated with active participation.

I confirm that I have been fully informed of the nature of POCI's activities and voluntarily consent to my child's participation, understanding that risks cannot be entirely eliminated. I accept full responsibility for my child's participation and any associated risks.

⚠️ Physical Risks

Potential for injury, falls, or physical strain during program activities.

🏃 Activity Risks

Risks inherent to active workshops, events, and hands-on exercises.

🏛️ Venue Risks

Accidents or incidents arising from program facility environments.

📦 Property Risks

Risk of personal property loss, theft, or damage during POCI events.

Release of Liability

I hereby release, waive, discharge, and agree to hold harmless the **Power of Credit Institute NFP**, its officers, directors, employees, volunteers, agents, and assigns from any and all claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or accident — including personal injury, bodily harm, property damage or loss — that may be sustained by my child while participating in any POCI program, workshop, event, or activity, whether caused by the negligence of POCI or otherwise.

This release is binding upon me, my heirs, legal representatives, executors, administrators, and assigns. I understand that this is a complete release of all claims and agree that it shall be governed by applicable law.

Emergency Medical Consent

In the event of a medical emergency involving my child during any POCI program or activity, I hereby authorize **Power of Credit Institute NFP** staff and representatives to seek and consent to emergency medical treatment on behalf of my child if I cannot be reached in a timely manner. I agree to be responsible for all costs associated with such emergency medical care.

Known Medical Conditions / Allergies / Special Instructions

Please list any medical conditions, allergies, medications, or special health instructions POCI staff should be aware of:

_____

_____

Emergency Contact Name & Phone: _____

- [ ] POCI staff will make every reasonable effort to contact a parent or guardian before authorizing emergency medical treatment. This consent applies only when the parent or guardian cannot be reached and immediate medical attention is required.

Parent / Guardian Signature & Authorization

By signing below, I confirm that I am the parent or legal guardian of the student named above, that I am 18 years of age or older, that I have read and fully understand the terms of this Liability Waiver & Consent Form, and that I voluntarily agree to all provisions stated herein on behalf of my child and myself.

Parent / Guardian Signature

Signature: _____

Printed Name: _____

Date & Relationship

Date: _____

Relationship to Student: _____