**HOLD HARMLESS, PHOTO PERMISSION AND**

**DRIVER RECORD & AUTO INSURANCE**

**CAMP FIRE SNOHOMISH COUNTY**

**4312 Rucker Ave. Everett WA 98203-2233**

To better protect the children, you and the council, we ask that all adults working with the club at any time and every driver complete this **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MATERIAL.**

**This information needs to be completed and returned with your** **registration materials.** Thanks for your help and cooperation.

PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEADER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU WILL BE DRIVING FOR ANY CAMP FIRE ACTIVITY PLEASE COMPLETE THE FOLLOWING SECTION.**

The Council policy on transporting youth is as follows:

No person shall transport any person, including minors, on behalf of Camp Fire, who:

a) Shall not be licensed to operate motor vehicles in the State of Washington; and

b) Shall not be in compliance with the Washington State motor vehicle insurance requirements, and such other insurance requirement reasonably imposed by Camp Fire; or

c) Has, in the preceding three (3) years, been convicted by lawful authority of Hit and Run Driving, Driving While Intoxicated or Under the Influence of Narcotics or other Dangerous Drugs, Reckless Driving, Negligent Driving; and

d) Any person who has accumulated three (3) or more reported convictions of lesser consequences traffic violations during a consecutive three (3) year period shall be subject to review and possible suspension of transport functions.

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Limits of Liability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Minimum Limits of Liability: 100/300/50. Please provide a copy of your Insurance Declaration Page

**adult permission**

I will assist in observing the rules of the council, and I waive any claims against Camp Fire and the council except for claims arising from gross negligence or willful acts of the council or its agents that may arise from participation in the activities of the Camp Fire Snohomish County council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my emergency contact will be notified as soon as possible in case of any emergency. In the event he or she cannot be reached in an emergency, I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.

You have my permission to use my photograph for Camp Fire publicity: \_\_\_yes \_\_\_no

You have my permission for Camp Fire to send information to you via your e-mail address. \_\_\_\_yes \_\_\_\_no

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_