



**Bleeding Disorders Association of South Carolina
Teen Program Waiver, Health, and Release Form**

Teen's Name: _____

Phone Number of Parent: _____ Email: _____

Phone Number of Teen: _____ Teen: _____

Teens Address: _____

Emergency Contact

Name: _____

Relationship to participant: _____

Phone number: _____

Email: _____

Bleeding Disorder Information

If you have a bleeding disorder, please list the name, type, and severity.

1. Do you self - administer your treatment medication: NO _____ YES _____
2. Do you have it with you currently: NO _____ YES _____

Releases:

1. (COVID-19 Agreement) I agree that I will follow all COVID-19 safety protocols required by Bleeding Disorders Association of South Carolina (BDASC) and additional programming partners while in attendance at the teen program. I agree that I will not attend the teen program if I have recently tested positive for COVID-19, have had recent, close contact with someone who is COVID-19 positive, or am exhibiting COVID-19 symptoms. I acknowledge that there is a risk I will be exposed to COVID-19 while attending the Teen Program. I agree that BDASC and any other additional programming partners are not liable for any COVID-19 infections, symptoms, and other associated effects.

2. (Photo Release) At Bleeding Disorders Association of South Carolina (BDASC), we like to take pictures of all our activities to illustrate the value of the program and promote future teen events. Sometimes, we will use these photos for promotion purposes such as brochures, newsletters, flyers, websites, proposals, etc. Your name will never be used in conjunction with any photo unless you have provided us permission. BDASC requests your permission to use photos or videotape of you taken at the teen program.
3. (Behavior Contract) Bleeding Disorders Association of South Carolina (BDASC) adheres to the highest safety standards and regulations. We maintain the values of caring, honesty, respect, and responsibility. Tobacco products, alcohol, illegal drugs, weapons, and sexually explicit material and/or behavior are grounds for immediate dismissal from the teen program and removing the individual/family from future participation in BDASC programming. Negative behavior will not be tolerated during the teen program. Although the above steps may be implemented, BDASC adult volunteers/staff retains the right to take immediate action if the participant's behavior poses a threat to their own safety, the safety of others in the program, or BDASC's volunteers/staff. I accept the rules and process described above and agree to be on my best behavior while attending the teen program. I understand that my behavior could have an impact, especially if it is negative behavior, on the future of the teen program.
4. (Liability Release) I certify that I/my child is fully capable of participating in and being a participant of the teen program. Therefore, I/We assume responsibility for bodily injury, death and loss of personal property and expenses thereof as a result of the teen's negligence while participating in the above stated activities. I/We further understand that BDASC personnel reserves the right to refuse participation for any person judged to be incapable of meeting the rigors and requirements of participating in this activity. I/We acknowledge that any bodily injury, death, and loss of personal property that occur in breaks between programming, personal free time during the program, before the program begins, or after it wraps up each day is not the responsibility of BDASC. BDASC is not responsible for the actions of participants before the Program begins or after it ends. Any actions that result from the participant's own decisions outside of the limits of the teen program programming are not the responsibility of BDASC or other programming partners. If you have any questions regarding this form, please contact the BDASC office at 864-350-9941. I/We have read, understand, and fully accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon parties signed below during the entire period of participation in said activity.

Event: Fall Advocacy Summit 2023, Greenville

Date: November 10-12, 2023

Signed: Parent or Legal Guardian: _____

(If you have more than one tween / teen attending in your family, this waiver will cover all those in your family)