



I, _____ (your full name), confirm that I am 18+ years old and fully understand what signing this waiver means to attend the Pumpkin Carving Youth Event at Carnation Farms on 10/26/2025.

Insurance Information

Primary Insurer: _____

Policy Number: _____

Group Number: _____

I authorize, EYN's Youth Engagement Coordinator **Maya Olson**, to seek emergency medical treatment for my teen.

Liability Waiver

I am a Participant that is 18+ years old. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the Empower Youth Network from all liability, (b) right to sue Empower Youth Network, (c) and assuming all risks of my participation in this activity, including travel to and from the Activity or any events incidental to this Activity. I allow the Participant to participate in this Activity.

Your Full Name: _____ Your Phone: _____

Your Signature: _____ Date: _____

Emergency contact name and phone (we suggest a parent/guardian on the first line, and on the second line a point of contact not related to you):
