



I give permission for _____ (youth's name) 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 the parent or legal guardian of the Participant. 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 child's 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.

Print Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Emergency contact name and phone (other than parent):
