



RELEASE OF LIABILITY

Member/Participant Under

Member/Participant	(Name)	Signature	Date
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A minor, for whom I am the parent or legal guardian, has my permission to attend Do Work Foundation.
In Case of an emergency you can reach me at:

Permanent Address

Number Street	City	State	Zip
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Primary Contact number _____ **Cell Phone** _____

Alternate Cell _____ **Relationship to participant** _____

I authorize Fraternity of One, Inc and or all subsidiaries including Do Work Foundation referred to as "Company", through its employees, coaches, volunteers, or agents to determine if "company" can reasonably provide treatment on site. I hereby release "Company" from any and all liability arising from afore-mentioned treatment, not arising directly from gross negligence of Do Work Foundation and or its officers, agents, employees, coaches, volunteers, successors, and assigns. If on site treatment is not deemed possible, I authorize "Company" to take my son to the nearest medical facility for purpose of receiving medical care with the understanding that I will assume any and all responsibility for payment

Name of Insurance Carrier and Policy Number

Insurance Carrier Telephone Number _____

On behalf of myself and my minor son, _____, I hereby release "Company" and its officers, agents, employees, and assigns from any and all liability arising out of or in any way related to the participation in any "Company" activities.

Parent/Guardian (Print) _____

Signature _____ **Date** _____