



The Hindu Temple of Greater Chicago  
10915 Lemont Road, Lemont IL 60439  
Phone: 630-972-0300      www.htgc.org

**2023 HTGC Vidyalaya  
GENERAL PERMISSION FORM**

**Participant Information:**

Name: _____ Age: _____ years
Address: _____
City/State Zip: _____
Date of Birth: _____ Phone: _____
Any limitations to participation? (physical, medical, behavioral) _____
Any Allergies? (Food / Drug / Environmental) _____
If Food Allergy: _____ Serious/Life-threatening _____ Moderate/can self-manage _____ Mild/can self-manage _____
Name: _____ Age: _____ years
Address: _____
City/State Zip: _____
Date of Birth: _____ Phone: _____
Any limitations to participation? (physical, medical, behavioral) _____
Any Allergies? (Food / Drug / Environmental) _____
If Food Allergy: _____ Serious/Life-threatening _____ Moderate/can self-manage _____ Mild/can self-manage _____
Name: _____ Age: _____ years
Address: _____
City/State Zip: _____
Date of Birth: _____ Phone: _____
Any limitations to participation? (physical, medical, behavioral) _____
Any Allergies? (Food / Drug / Environmental) _____
If Food Allergy: _____ Serious/Life-threatening _____ Moderate/can self-manage _____ Mild/can self-manage _____

PLEASE COMPLETE CONTACT INFORMATION ON OTHER SIDE OF THIS PAGE.



### Release and Waiver of Liability

I hereby give my consent to have the above-named participant (s) fully participate in all Vidyalaya indoor and outdoor activities, conducted on the HTGC campus, recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. I understand that some activities may be strenuous and/ or outdoors and agree that participation in any activity is fully voluntary. . As such, participants assume all risk of damage, loss, or injury which may arise from participation in any activities at HTGC. Furthermore, I waive, release and discharge any and all rights and claims which I may have or which may hereafter accrue to me against the Hindu Temple of Greater Chicago (HTGC) and its trustees, officers, directors, employees, agents or representatives for any injury, harm or damages which may occur to the above participant(s) as a result of partaking in these activities, and I hereby indemnify, release, save and hold harmless HTGC and its trustees, officers, directors, employees, agents or representatives of said injury, loss or any other damages due to participation in such activities.

I also give my consent for the above-named to participate in online classes. I understand that HTGC uses external services for holding online classes and hosting online class content. I understand that HTGC may send emails, links to online classes to the email addresses of the participants. I assume the potential risks of using such online services for joining online classes and assume all risk of damage, loss or injury which may arise from participating. I hereby indemnify, release, save and hold harmless HTGC and its trustees, officers, directors, employees, agents or representatives of said injury, loss or any other damages due to participation in online classes.

Further, I do consent to any and all medical treatment that may be deemed necessary for the participant(s) should he/ she/they require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the participant(s). I agree to allow HTGC to transport participant(s) as needed and to use a photo-copy of this form as my authorization when necessary.

HTGC may use the participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Kindly provide a digital photo of your child (face – only) taken on your phone at registration for ID purposes of Vidyalaya. Thank You.

Participant Signature/Legal Guardian (if minor) \_\_\_\_\_

Printed Name Date \_\_\_\_\_

Participant \_\_\_\_\_ Age \_\_\_\_\_ yrs

Participant \_\_\_\_\_ Age \_\_\_\_\_ yrs

Participant \_\_\_\_\_ Age \_\_\_\_\_ yrs

Participant \_\_\_\_\_ Age \_\_\_\_\_ yrs

Father/Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_