

HIPster First and Last Name: _____

Parent/Guardian Name: _____

Phone #: _____ **Email:** _____

*Only complete this form if you are paying by cash or check. You must complete this form prior to the event. You can send forms with your HIPster or email to Kendall Metcalf at kmetcalf@mptx.org

Medical Waiver

____ I authorize My Possibilities' staff and faculty to notify emergency personnel if needed and agree to allow personnel to provide treatment or medical care in an unforeseen medical emergency at the My Possibilities Community Ball. I acknowledge that all medical costs pertaining to such medical attention are my responsibility and not the responsibility of My Possibilities or its staff.

Media Release

____ I give consent for online use of guest photos, including the My Possibilities website and social media sites, or for general program purposes.

Transportation (drop-off and pick-up at My Possibilities)

____ My HIPster DOES need transportation to Community Ball.

____ My HIPster DOES NOT need transportation to Community Ball.

Special Assistance

____ Special Assistance is NOT required for my HIPster

____ My HIPster DOES require an aide. Aide's Name: _____

Dietary Restrictions

____ I have NO dietary restrictions. ____ I DO have dietary restrictions (please check all that apply below)

Gluten Free ____ Vegetarian ____ Vegan ____ Lactose Intolerant ____

COVID Acknowledgment Waiver

____ I understand the potential exposure risk to or contraction of Coronavirus (COVID-19) through my participation at My Possibilities' Community Ball. I am choosing to participate in Community Ball at my own risk and release My Possibilities, including all of its employees, volunteers, vendors, sponsors, and any related persons or organizations from any and all liability related in any way to you or your HIPster relating to COVID-19 or other communicable diseases through their participation in Community Ball.

Signature: _____ Date: _____