

**YOUTH WAIVER (NEEDED IF NOT ON "FAMILY" WAIVER)**  
**EVENT: MEDICATION & SHARPS DRIVE-THRU COLLECTION**  
**SATURDAY, APRIL 25, 2026**

Youth's (under 18 years of age) First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State MD Zip \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Youth Phone Number (if have a cell phone with you today) \_\_\_\_\_

Parent/Guardian (Emergency Contact) Name \_\_\_\_\_

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

**Waiver/Release:**

By submitting this registration and **as the parent and/or legal guardian** of this youth/student, I agree to this waiver(s): I have read this waiver and knowing the facts, I, for myself and anyone entitled to act on my behalf, waive and release HC DrugFree and its employees, directors, officers, partners, agents, and sponsors from and against all claims, demands or causes of actions for accidents, personal injury, bodily injury, death, property damage or other injury or loss or damage of any kind, occurring from any cause arising from or related to or in connection with named participant's involvement in the event named above.

Further, I grant permission to all of the foregoing to use named participant's photographs, audio and audio visual recordings, or any other record of this event for any legitimate purpose.

I understand that it is my responsibility to IMMEDIATELY report any injury or concerns to HC DrugFree's Executive Director or Board Member present at this event.

(If needed at time of event) I agree to discuss the following with my youth/student: the importance of wearing a mask throughout this event, social distancing even outdoors, and proper hand sanitizing.

Date: April 25, 2026

**Signature of Parent/Guardian** if participant is under 18 years of age or signature of teen if 18 or older.

**For more information**, contact HC DrugFree at Admin@hcdrugfree.org or 443-325-0040