



St. Mary's Episcopal Church Youth Ministries

2015 Parental Consent Form, Emergency Medical Release, & Liability Waiver

Participant's Name: _____ Birth Date: _____

School Currently Attending: _____ Grade: _____

Address: _____ City: _____

Zip Code: _____ Participant's Home Phone: _____ Participant's Cell Phone: _____

Participant's E-Mail: _____ Family E-Mail: _____

* Please note that when a youth is contacted by email, their parent(s) will receive a copy of any and all email messages at the family email address provided above.

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Please identify any allergies (to include foods), health problems, medications, or other health concerns:

Family Physician: _____ Phone: _____

Dental Provider: _____ Phone: _____

Medical/Hospital Insurance Company: _____ Group Number: _____

Policy Holder's Name: _____ Policy Number: _____

Please list any additional information that may be helpful:

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER

St. Mary's Episcopal Church and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "St. Mary's Episcopal Church" and/or "St. Mary's"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with St. Mary's and all related activities associated with St. Mary's and its youth ministries, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF St. Mary's Episcopal Church allowing me or my child to participate in events, activities, or travel with ST. MARY'S and all related activities associated with the ST. MARY'S, including participation in the Youth Group from **January 1, 2015, through December 31, 2015**, and all activities related to its Youth Ministries (collectively referred to as "youth activities"), I acknowledge that I am aware of the possible risks, dangers and hazards associated with participation in youth activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY & AGREEMENT

IN CONSIDERATION OF St. Mary's Episcopal Church allowing me or my child to participate in youth activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in youth activities.
2. **TO WAIVE and RELEASE St. Mary's Episcopal Church** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in youth activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS St. Mary's Episcopal Church** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in youth activities.
4. **TO INDEMNIFY and HOLD HARMLESS St. Mary's Episcopal Church** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in youth activities.

YOUTH PARTICIPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of youth activities, and to obey requests to comply with safety regulations as directed by the persons in charge of youth activities, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from youth activities. At all sports events or other youth activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of St. Mary's Youth Ministries or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as St. Mary's Youth Ministries deems necessary.

Acknowledgment of Parent or Guardian of Participant:

I, the undersigned Parent or Guardian of the Participant, hereby authorize and consent to the Participant's involvement in St. Mary's youth activities, including any use of private or public transportation deemed necessary by the persons in charge of youth activities for Participant travel to and from youth activities, or to the **NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY** in the event that emergency or other medical treatment not available at the site of a youth activity is deemed advisable. I/We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during youth activities. We also understand that the participant may be photographed or appear in video for such purposes as the St. Mary's Youth Ministries deems necessary.

Acknowledgement & Signature

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Parental Consent Form, Emergency Medical Release, and Liability Waiver shall be effective from January 1, 2015, through December 31, 2015.

Signature of Parent or Guardian

Signature of Youth Participant

Printed Name of Parent or Guardian

Printed Name of Youth Participant