Summit Ave. Presbyterian Church Sunday-School/ Youth Fellowship / Permission/Waiver Form

Date_____
Name of Child Participant (please print)_____
Parent(s) and/or legal guardian(s) of child participant_____
Age of Child _____Birth Date _____
Academic Grade _____
School _____
Home Address_____
Home Phone (_____) _____
Work Phone (_____) _____ Cell Phone (____)_____
Youth Phone (____) _____
Parent Email Address_____
Youth Email Address_____

This form is valid for all functions and activities of Summit Ave Presbyterian Church for the year of _ 2016 _.

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **Summit Ave. Presbyterian Church** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **Summit Ave. Presbyterian Church** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **Summit Ave. Presbyterian Church** or its ministers, leaders, employees, volunteers, or agents.
I further agree to indemnify and hold harmless **Summit Ave. Presbyterian Church** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Summit Ave. Presbyterian Church** to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment including surgery and again, I agree to pay for the medical treatment.

Publicity

On occasion, **Summit Ave. Presbyterian Church** takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings

may be used in **Summit Ave. Presbyterian Church** publications or advertising materials, (including the website and social media) to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Health Insurance Information

Insurance Company _____ Policy Number_____
Insurance Company Phone Number _____
Medical Doctor _____
Phone number _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:
Name _____
Relationship _____
Home Phone _____
Work Phone_____
Cell Phone _____

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

For use ONLY if the Participant is a MINOR

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of **Summit Ave. Presbyterian Church** including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **Summit Ave. Presbyterian Church**; I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date_____

Print Name of Parent or Legal Guardian _____

All information on this form will be kept confidential, and will not be given out for any reason without the consent of the parent or guardian.