



Medical/Liability Release
Diocesan Domestic Youth Mission Trip

Location: \_\_\_\_\_

DATE: \_\_\_\_\_ - \_\_\_\_\_, \_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_, I give my permission for him/her to participate in the Mission Trip to: \_\_\_\_\_; hereby release, forever discharge and agree to hold harmless, The Episcopal Diocese of Fort Worth, St. Peter and St. Paul Anglican Church in Arlington, and priests, youth directors and adult sponsors from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while my child is participating in the above described trip.

I give permission for myself / my child to travel with the Episcopal Diocese of Fort Worth, and/or this local Church body, to and from the above event. In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; not withstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my child's behalf and I do hereby release the Episcopal Diocese of Fort Worth, this local Church body, and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

Furthermore, we (I) and on behalf of my child-participant (if said child is not 21 years of age or older) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and mission work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify St. Peter and St. Paul, The Episcopal Diocese of Fort Worth and employees and volunteers for any liability sustained by St Peter and St. Paul as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Signature of Parent(S)/Legal guardian Date

Signature of Parent(S)/Legal guardian Date

Signature of Youth Date

The State of Texas, County of \_\_\_\_\_
Before me \_\_\_\_\_ on this day personally appeared \_\_\_\_\_
Known to me (or proved to me on the oath of \_\_\_\_\_ or
Through \_\_\_\_\_) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.
Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, AD \_\_\_\_\_
(Seal)