

Appendix B

GRAND LAKES PRESBYTERIAN CHURCH Children and Youth Activity Participation Release

Name of Participant: _____

Parent(s) or Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone(s): _____

Age of youth: _____ Birth date: _____ Grade: _____

Functions and Activities:

It is my understanding that participating in the programs, recreational activities, and other activities of Grand Lakes Presbyterian Church is a privilege. Prior to my child's 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, 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 Participation Release, 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 Grand Lakes 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 these 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 Grand Lakes Presbyterian Church or its ministers, leaders, employees, volunteers, or agents.

Indemnification:

I further agree to indemnify and hold harmless Grand Lakes 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 or me during such activities.

I represent that I am the parent/guardian of the child named above, who is under 18 years of age or a participant in activities for children and youth at Grand Lakes Presbyterian Church. I have fully read the above Participation Release and am fully familiar with the contents thereof.

Parent/Guardian Signature: _____ Date: _____

Appendix C

GRAND LAKES PRESBYTERIAN CHURCH Medical Release

Name of Participant: _____

Parent(s) or Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone(s): _____

Age of Youth: _____ Birth Date: _____ Grade: _____

Family Physician: _____ Phone: _____

Medications Taken: _____

Allergies: _____

Other Pertinent Health Information: _____

Medical Insurance Company: _____ Group No.: _____

Medical Insurance ID No.: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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 hereby give permission for agents of Grand Lakes 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.

I also agree to notify agents of Grand Lakes Presbyterian Church if there are any changes in the above information that I have submitted.

Parent/Guardian Signature: _____ Date: _____

Appendix D

**GRAND LAKES PRESBYTERIAN CHURCH
Publicity Release**

Name of Participant: _____

Parent(s) or Guardian(s): _____

On occasion, Grand Lakes Presbyterian Church takes photographs or makes audio or video recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants, and may be used in the church's publications, website or advertising materials to let others know about its ministry. Last names will never be published on our website. Any public use of such recordings must be approved by the church. The church may also invite local news organizations to photograph or record our events for news reporting or special interest features.

I consent to the use of any such photograph or audio or video recording of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church deem appropriate.

Parent/Guardian Signature: _____ Date: _____