

**Parental Authorization and Release for Covenant Presbyterian Church Youth Activities**

Name of Participant: \_\_\_\_\_

**To Whom It May Concern:**

The undersigned, as parents or guardians of the above Participant, hereby provide their express permission for the Participant to participate in church camps, field trips, activities and other events hosted by the Covenant Presbyterian Church of Orange ("Church").

The undersigned warrant that the Participant is in a condition of health that will permit his/her taking part in such events. The undersigned authorize leaders of these events to take the Participant to a doctor or hospital and authorize examination and treatment related to any accident or illness that may arise during the event. If Participant needs medical treatment or attention, the undersigned authorize a qualified physician, emergency medical personnel, or the leaders of the event to assist with appropriate medical treatment. The undersigned also authorize first aid treatment to be given as necessary. The undersigned recognize that their primary medical insurance carrier will be billed for applicable medical expenses and that additional financial responsibility for medical treatment, hospital expenses, and personal liability that may be incurred will be reimbursed to the Church with respect thereto.

The undersigned release and relieve the Church, its members, officers, agents, employees, youth leaders, and sponsors from any liability related to or arising out of the event or any accident or injury related to the event.

The undersigned also consent to use of the Participant's image by the Church in photographs and videos taken during Church events, including posting of such photographs and videos on the internet and social media websites such as Facebook and YouTube, and hereby release and relieve the Church and its members, agents, employees, officers, youth leaders, and sponsors from any liability related to or arising out of use of such photographs and videos.

This Parental Authorization and Release will expire one year from the date on which it is signed. It may be revoked at any time by written notice from the Participant's parent or guardian and delivered to the Church provided that the revocation shall not affect or apply to any activity, event, or outing occurring prior to the delivery of the written notice of revocation to the Church.

**The following constitutes pertinent information concerning the Participant:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Health Insurance Carrier (name, policy #, phone #): \_\_\_\_\_

Family Doctor (city, phone #): \_\_\_\_\_

Please note any pertinent medical information: \_\_\_\_\_

Second Party to notify in case of emergency: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_