## Youth Parental Consent and Liability Release Form

Event:		
TO WHOM IT MAY CONCERN: The undersigned do ("Par sponsored or attended by Exchange Church.		for our (my) child rticipate in <b>YOUTH MINISTRY EVENTS</b>
sponsored or attended by <b>Exchange Church.</b>		
LIABILITY RELEASE: In consideration of EX youth ministry events, we (I), the undersigned, do EXCHANGE CHURCH, its directors, officers, employ from any and all liability, claims, or demands for addamage and expenses, of any nature whatsoever while involved in Youth Ministry Events. We (I) the (my) permission to participate fully in Youth Ministry Events in Journal injury, sickness, death, damage and experimental injury, sickness, death, damage and experimental with youth ministry events therein.  Further, authorization and permission is hereasy transportation (within the limits of church insuran undersigned further agrees to hold harmless and in the result of negligent, willful or intentional acts of thereto.	hereby release, forever dis yees, volunteers, and agent ccidental personal injury, sie which may be incurred by the e parent(s) or legal guardian try Events, including trips are nor Participant(s)] hereby are ense as a result of participat thereby given to said Church ice and the law), food and londemnify said Church for an	charge and agree to hold harmless is (collectively herein the "Church") ckness, or death, as well as property ne undersigned and the Participant (s) of his Participant hereby grant our way from the church premises. It is a considerable in a recreation and work activities to furnish any necessary odging for this Participant. The my liability sustained by said Church as
<b>EARLY RETURN HOME POLICY:</b> Should it medical reasons, disciplinary action or otherwise, incurred attendant thereto.		
TRANSPORTATION PERMISSION: The underide in any vehicle driven by an approved ADULT cevents sponsored or attended by EXCHANGE CHU WORN AT ALL TIMES during transportation and are	haperone while attending a RCH. My child/youth and I	nd participating in youth ministry understand that SEAT BELTY SHALL BE
PHOTO RELEASE: The undersigned additional video of my youth on the church website or on the		
Participant's Name	Age	Birthdate
Address		
Phone		
Parent/Guardian Names		
Parent/Guardian Phone		
Emergency Contact	1	

(Phone)

(Name)

Medical Insurance: YES NO		
Insurance Company:		
Policy/Group ID#:		
Emergency Phone #s in case parent/guardian cannot be reached:  Name:		
Allergies or Medical Conditions:		
Other Dietary Considerations:		
Any History of Serious Illness (Diabetes, asthma, epilepsy, etc.) or recent hospitalizations:		
What medications (if any) are presently being taken?		
<b>MEDICAL TREATMENT PERMISSION:</b> We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.		
Parent/Guardian Signatures:/		
Date:		