Oreland Evangelical Presbyterian Church
1119 Church Rd Oreland, PA 19075
215.887.7002

Activity Participation Agreement

Youth Event

Thank you for allowing your child to participate in OEPC youth activities. It is our privilege to serve your child and support you as a parent by providing opportunities for biblical and spiritual growth, supervised recreation, and community love and support.

Please complete this form in its entirety. By doing so, you acknowledge that OEPC staff and volunteers will act in the best interest of your child and family throughout all youth programming and activities.

Name of sponsor's coordinator: _____

Youth Event Information: _____

Event Name: _____

Event Date(s): _____Event Location: _____

Departure Time: _____Return Time: _____

Adult Supervisor(s): _____

Participant Information:

Name of Participant(s): _____

Name of Parents/Guardians: _____

_____

Address: _____

Cell Phone Number: _____

Emergency Contact:_____

Cell Phone Number _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment: Yes No

If yes, name of insurer: _____

Policy or group number: _____

I, the undersigned parent or legal guardian of_____,
hereby grant permission for my child to participate in the above-listed activity sponsored by Oreland Evangelical Presbyterian Church.

Please initial the following paragraphs:

___ I understand that all reasonable precautions for safety will be taken by the church and its representatives, following the **Brotherhood Mutual Ministry Safe and Child Protection guidelines**, including screened and trained adult supervision, adherence to two-adult and open-door policies, and appropriate emergency procedures. I further understand that, should my child become ill or injured, every reasonable effort will be made to contact me. In the event that I cannot be reached, I authorize an adult leader or medical

____In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guarding if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises indemnify, defend and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant or otherwise.

_____ I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

_____ My child understands that participation in church activities is a privilege and agrees to follow all church rules and leader instructions, demonstrate respect for others, and maintain conduct consistent with Christian values. I understand that failure to comply with behavior expectations may result in my child being sent home at my expense.

Did you fill out the Medical Form	Yes	No
Do you need to update the medical information?	Yes	No

Photo/Media Release (optional)

☐ I grant permission for my child's image to be used in church-approved publications, websites, and social media.

☐ I do **not** grant permission.

Signatures:

Parent/Guardian Signature: _____
Date: _____

Printed Name: _____

Youth Signature: _____
Date: _____

For Church Use Only

Received by: _____
Date: _____
Notes: _____