

# First PRESBYTERIAN CHURCH

1604 Arendell Street \* Morehead City, NC 28557 \* (252) 247-2202

## Youth Activity Participation Release Form and 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: \_\_\_\_\_

### Functions and Activities:

It is my understanding that participating in the programs, recreational activities, and other activities of First 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 First 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 First Presbyterian Church or its ministers, leaders, employees, volunteers, or agents.

### Indemnification:

I further agree to indemnify and hold harmless First 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 of First Presbyterian Church I have fully read the above Participation Release and am fully familiar with the contents thereof.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION AND RELEASE**

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 First 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 First Presbyterian Church if there are any changes in the above information that I have submitted.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Publicity Release**

On occasion, First 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 or advertising materials to let others know about its ministry. 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: \_\_\_\_\_