

CCE Youth Ministry Liability Release Form

Release of All Claims/Permission to Treat

In consideration for being accepted by Christ Church Episcopal for participation in Christ Church Youth Ministry trips, retreats, and activities, including without limitation, Student Life Camp, mission trips, Youth Group, small group ministry (collectively, "CCE-sponsored Activities") we, (I) being 18 years of age or older, for myself and on behalf of my youth-participant who is under 18 years of age, do hereby release, forever discharge and agree to hold harmless Christ Church Episcopal and its staff, employees, directors, and its adult volunteer leaders (collectively, "CCE and its Agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the youth participant that occur while said youth is participating in any CCE-sponsored Activity.

Furthermore, we (I) and on behalf of our (my) youth participant hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any CCE-sponsored Activity .

Further, authorization and permission is hereby given to CCE and its Agents to furnish necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify CCE and its Agents, for (A) any liability or claim CCE or its Agents are subjected to as the result of my participation or my youth participant's participation in any CCE-sponsored Activity or (B) any damages CCE or its Agents sustain as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I), are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in all CCE-sponsored Activities, and hereby give our (my) permission to CCE and its Agents to administer over-the-counter medications to participant and to take participant to a doctor, medical clinic, or hospital and also do hereby authorize medical examination, treatment and care if deemed necessary for this participant, including authorization of the release of the medical information contained on the reverse side hereof to appropriate medical personnel and health insurance companies. We (I) assume the responsibility of all medical bills, if any.

We (I) hereby grant to CCE and its Agents the right to take photographs, video and other media recordings of participant in connection with CCE-sponsored Activities, and authorize and license CCE and its Agents to use, reproduce and publish these photographs and recordings, in print or electronically, with or without participant's name for any lawful purpose, including without limitation publicity, promotion, advertising and Web-content.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) do assume all transportation costs.

(Type/print name of youth participant)

(Type/print Name of Parent or Legal Guardian)

Signature of youth participant

Signature of Parent or Legal Guardian

Date

I have read and understand the foregoing release on the first page hereof and consider this release as legal and binding by witness of my signature.

HEALTH AND MEDICAL INFORMATION

Name _____ Date of Birth _____

Street Address _____ City/County Zip Code _____

Father's Name _____ Mother's Name _____

Address _____ Address _____
(if different from above) (If different from above)

Home # _____ Cell # _____ Home # _____ Cell# _____

Primary Physician _____ Phone # _____

List any medication participant is currently taking: _____

List any allergies of participant: _____

List any medical condition we should be aware of: _____

List any restrictions that should be observed by participant: _____

List any OTC medications that participant should not receive: _____

INSURANCE INFORMATION

Participant is covered by medical insurance and a copy of his/her health insurance card evidencing such coverage is attached hereto and made part hereof.

EMERGENCY CONTACT INFORMATION

Person to Contact in Case of Emergency if Parents Cannot Be Reached

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone # _____