

Jamestown Presbyterian Church
Youth Ministry
Medical and Liability Release Form
September 2019 - August 2020



To Whom it May Concern:

The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities sponsored by Jamestown Presbyterian Church which includes travel within and outside of the state of North Carolina from September 1, 2019 through August 31, 2020.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under provisions of the Medical Practice Act on the Medical Staff of a licensed Hospital, whether such diagnosis and treatment is rendered at the office of said physician or at said hospital.

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 pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Jamestown Presbyterian Church.

Health Insurance Provider: _____ Phone: _____

Policy #: _____ Group/Plan #: _____

Primary Care Physician: _____ Phone: _____

Medications: _____

Allergies: _____

Liability Release Form - Release of all Claims

In consideration of being accepted by Jamestown Presbyterian Church for participation in activities during the academic year 2019-2020, we (I), being 18 years of age or older, do for ourselves discharge and agree to hold harmless Jamestown Presbyterian Church and staff and volunteers thereof 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 child participant that occur while the child is participating in church sponsored activities during the above stated academic year and summer that follows.

Furthermore, we (I), on behalf of my child-participant if under the age of 18 years, hereby assume all risk of personal injury, death, damage and expenses as a result of participation in recreation and work activities involved.

Further, authorization and permission is hereby given to Jamestown Presbyterian Church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify Jamestown Presbyterian Church, it's directors, employees and agents, for any liability sustained by Jamestown Presbyterian Church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents, legal guardian(s), of this participant, and hereby grant our (my) permission for him/her to participate fully in activities in said academic school year and the following summer, and hereby give our (my)

permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including by not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

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

We (I) hereby grant our (my) permission for Jamestown Presbyterian Church to use any photographs and/or videos of our (my) child in future publications, brochures, communications on the church/youth website and other publications used by the church.

2019-2020 Academic Year Parental Consent Form

Child's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School: _____ Current Grade: _____

Dad's Cell: _____ Mom's Cell: _____

Dad's Email: _____ Mom's Email: _____

Any additional emergency contacts? Name & Number:

Two Parents must sign. If parents are separated/divorced, custodial parent must sign.

Father or Legal Guardian Date

Mother or Legal Guardian Date

Print Father or Legal Guardian

Print Mother or Legal Guardian

Youth Participant Only

Youth Participant Guidelines, all participants are to read the area below, agree to the directions and sign as indicated

1. Respect everyone. (JPC adults are in charge at every event. Their instructions are to be followed.) No attitudes or language please, we all want to enjoy the event.
2. Represent well. You are representing yourself, our leadership, our church and our God, please act appropriately.
3. NO: Electronic devices unless otherwise permitted (We want to know you better and this is difficult if you are texting, talking on the phone, have headphones on, or your face is buried in a portable gaming device), no substances that are illegal for minors, no fireworks or weapons of any kind or size. No public/private displays of affection.
4. I will adhere to the buddy system, that is I will not walk off alone. I will have a friend with me at all times and I will notify an adult if I have to move away from the group for any reason.

I have read the guidelines listed above and understand the rules of conduct for participants and will abide by them as well as the direction of the leadership of all activities. I also understand that misuse or non-conformance of these guidelines subject me to dismissal from the activity as well as my parents need to provide transportation to get me home from such an event.

Student Signature Date

Student Cell Phone #

Student Email Address

T-Shirt Size