

Charleston Atlantic Presbytery
**PARENT/GUARDIAN OF A MINOR CONSENT AND
HOLD HARMLESS FORM**

Name of Activity: _____ Date: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Phone number: _____ Church: _____

Medical/Emergency Information

Child's Physician: _____

Physician's Phone: _____

Health Insurance Company: _____ Phone: _____

Address: _____

Policy/Group No: _____ ID No: _____

Does your child have any type of medical, physical, or mental condition that the leaders should be aware of to provide adequate care? If so, please explain:

Condition: _____

Medication: _____

Allergies: _____

Parent/Guardian Emergency Contact Information: Name: _____

Phone: _____

Alternate Emergency Contact Person in the event that the parents listed above can not be reached:

Name: _____

Phone: _____ Relationship to Child: _____

(OVER)

MINOR CONSENT AND HOLD HARMLESS FORM continued

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

I, _____ (printed name of parent/guardian) being the parent or legal guardian of _____ (printed name of minor, the "Participant") have been informed of the above activity sponsored by Charleston Atlantic Presbytery and hereby give my consent for my minor child to participate in this activity.

RELEASE AND WAIVER. I understand that the activity may involve participation in physical activity, sports and/or vehicular transportation, and that the possibility of harm does exist.

I, personally, and on behalf of the Participant, further agree and do hereby release and forever discharge and hold harmless Charleston Atlantic Presbytery, its officers, directors, employees, volunteer staff, agents and its affiliated churches and organizations (collectively "Charleston Atlantic Presbytery") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which may arise or may hereafter arise from Participant's participation in the activity.

I, understand and agree that this Release discharges Charleston Atlantic Presbytery from any liability or claim that I or Participant may have against Charleston Atlantic Presbytery with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's participation in the activity with Charleston Atlantic Presbytery, whether caused by the negligence of Charleston Atlantic Presbytery, or its officers, directors, employees, volunteer staff, agents or its affiliated churches or organizations or otherwise.

MEDICAL TREATMENT. I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all reasonable efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the adult advisor to make the decisions necessary for treatment. Should there be no adult advisor available, I give permission to the attending physician to treat my minor child as she deems medically necessary. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the health care expenses incurred on behalf of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of Charleston Atlantic Presbytery will be used as the secondary coverage, if available, and that such coverage may not be available nor is it relied upon.

PHOTOGRAPHIC/VIDEO IMAGE RELEASE. I give my permission for images of my child captured through video, photo and digital camera, to be used solely for the purposes of Charleston Atlantic Presbytery publications and website.

Signature Parent/Guardian: _____ Date: _____

PARTICIPANT'S COVENANT

For this time together, we will be doing our best to live together as family in Christian community. Each person contributes to the family and we all need to be responsible for our time together. As a member of this community, I will:

- actively participate in all the programmed activities
- be responsible for my belongs and respect the property of others
- use the facilities and grounds with care, obeying all the rules of the facility
- respect the authority of the adults in our midsts
- not possess or partake in the use of illegal substances, weapons, or pyrotechnics
- wear appropriate clothing

Youth's Signature: _____ Date: _____