

Participant Health and Release Form

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Please print in ink

Name: _____ Age _____
LAST FIRST MIDDLE Birthday _____

Year in school _____ ☐ Male ☐ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this participant. If necessary, add another page with details:

- For the participants safety and our knowledge, is this participant a—
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does the participant have allergies to—
☐ pollens ☐ medications ☐ food ☐ insect bites ☐ N/A
- Does the participant suffer from, or has ever experienced, or is being treated currently for any of the following:
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes
☐ frequently upset stomach ☐ physical handicap ☐ N/A
- Date of last tetanus shot: _____
- Does the participant wear ☐ glasses ☐ contact lenses
- Please list and explain any major illnesses the participant experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

- I ACKNOWLEDGE THAT UPCC YOUTH ACTIVITIES ENTAIL KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS, DEATH, OR DAMAGE TO

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MYSELF, PROPERTY, OR TO THIRD PARTIES. I UNDERSTAND THAT SUCH RISKS CANNOT BE ELIMINATED WITHOUT JEOPARDIZING THE ESSENTIAL QUALITIES OF THE ACTIVITIES.

FURTHERMORE, UPCC YOUTH MINISTRY STAFF AND VOLUTEERS HAVE JOBS TO PERFORM. THEY SEEK SAFETY, BUT THEY ARE NOT INFALLIBLE. THEY MIGHT BE IGNORANT OF A PARTICIPANT'S FITNESS OR ABILITIES. THEY MAY GIVE INADEQUATE WARNINGS OR INSTRUCTIONS, AND ANY EQUIPMENT BEING USED MAY MALFUNCTION.

2. I EXPRESSLY AGREE AND PROMISE TO ACCEPT ALL OF THE RISK EXISTING IN THIS ACTIVITY. MY PARTICIPATION IN THIS ACTIVITY IS PURELY VOLUNTARY, AND I ELECT TO PARTICIPATE IN SPITE OF THE RISKS.
3. I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS UNITED PRESBYTERIAN CONGREGATIONAL CHURCH FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY OR MY USED OF UPCC EQUIPMENT OR FACILITIES, INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF UPCC.
4. SHOULD UPCC OR ANYONE ACTING ON THEIR BEHALF, BE REQUIRED TO INCUR ATTORNEY'S FEES AND COSTS TO ENFORCE THIS AGREEMENT, I AGREE TO INDEMNIFY AND HOLD THEM HARMLESS FOR ALL SUCH FESS AND COSTS.
5. I CERTIFY THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I MAY CAUSE OR SUFFER WHILE PARTICIPATING, OR ELSE I AGREE TO BEAR THE COSTS OF SUCH INJURY OR DAMAGE MYSELF. I FURTHER CERTIFY THAT I HAVE NO MEDICAL OR PHYSICAL CONDITIONS WHICH COULD INTERFERE WITH MY SAFETY IN THIS ACTIVITY, OR ELSE I AM WILLING TO ASSUME—AND BEAR THE COSTS OF—ALL RISKS THAT MAY BE CREATED, DIRECTLY OR INDIRECTLY, BY ANY SUCH CONDITION.

Activities may include, but are not limited to: cookouts, boating, water skiing, tubing, swimming, basketball, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant's signature: _____ **Date:** _____

Participant's name: _____ has my permission to attend all youth activities sponsored by the United Presbyterian Congregational Church(herein after "UPCC") from 11-11-2011 to 12-31-2012.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the UPCC and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the UPCC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the UPCC, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the UPCC, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ **Date:** _____