

Christ Church Charlotte / Consent and Liability Release Form

PARTICIPANT'S NAME _____		HOME PHONE _____	
ADDRESS _____			
GRADE _____	AGE _____	BIRTHDATE _____	Gender _____
PARENT(S)/GUARDIAN NAME(S) _____			
WORK PHONE(S)/CELL PHONE(S) _____		/ _____	

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren):
_____ ("Participant"), to attend and participate in **YOUTH MINISTRY EVENTS**
sponsored by Christ Church Charlotte for the school year of 20____-20_____.

LIABILITY RELEASE: In consideration of Christ Church Charlotte allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Christ Church Charlotte, its employees, volunteers and agents from any and all liability, claims or demands for accidental 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 Participant while involved in the youth activities. We (I) the parent (s) or legal guardian (s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities.

Furthermore, we (I) [and on behalf of our (my) Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of Church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Medical Treatment Permission: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the afore mentioned youth pursuant to this authorization.

Furthermore, we (I) give permission for an adult supervisor to administer any over-the-counter medication, as specified on the Participant's medical form, my child may need during this event.

Early Return Home Policy: Should it be necessary for our (my) youth to return home due to medical reason, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Photo & Video Release Permission: The undersigned understands that promotional pictures (individual and group) have been / will be taken during these events. I give permission for my child's picture/video to be used for promotional materials (newsletter, web page, promotional signs, etc.) in highlighting the event. NAMES WILL NOT BE USED.

Transportation Permission: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by and approved ADULT chaperone while attending and participating in activities sponsored by the Diocese. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

We (I) the undersigned also, acknowledge that I have reviewed details regarding the event our (my) child is participating in.

Parent(s)/ Guardian(s) Signature(s) _____ / _____

Date _____