

YOUTH RELEASE FORM
THE VILLAGE PRESBYTERIAN CHURCH
1300 Shermer Road
Northbrook, IL 60062
Valid From September 1, 2008 – August 31, 2009

Name of Participant: _____

I/We understand that there are inherent risks involved with events that the Village Presbyterian Youth Ministry parttake in, and I/we hereby release The Village Presbyterian Church, its staff, and volunteers from any and all liability due to any injury, loss or damage to person or property that may occur during September 1, 2008 through August 31, 2009.

I/we give permission for my son/daughter to attend events hosted by The Village Presbyterian Church which may include the following: Retreats at The Village Presbyterian Church, service events, Good News Mini Missions, Retreats, and outings to Laser Tag, bowling, Great America, or any other event the church feels appropriate to attend. If I/we at any time do not feel comfortable having my son/daughter attend an event, I/we understand that I/we have the right to hold back their participation in that specific event.

I/we the undersigned, are the legal parent or guardian of the above participant, or are of legal consenting age myself. In the event that I/he/she is injured while participating in an event and requires the attention of a doctor, I/we give permission to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physical and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize Melissa Hyder, the lead adult of our group, or volunteer staff of the Village Presbyterian church to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a phone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person not liable for any claims, demands or suits for damages arising from giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care that isn't covered by the participant's insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date.

I/we understand that in the case the "Youth Promise" is broken that my son/daughter can be asked to go home. In this case, I/we are responsible to come to event site and take my son/daughter home at my own expense.

Signature of Parent (Guardian): _____

Date: _____

Home address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Medical Insurance Name: _____

Ins. #: _____

Address of Insurance Company: _____

Phone #: _____

Name of Emergency Contact Person: _____

Their Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Special medical conditions you want to call to the chaperones' attention: _____
