

YOUTH EVENT FORM

Name of Participant _____ **Home Phone#** _____

Home Address: _____

Emergency Contact: _____ Relationship to Participant: _____

Contact Phone Numbers: _____ or _____

Starting Date of Applicability: _____ Ending Date of Applicability: _____

YOU WILL NOT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITY IF YOU DO NOT RETURN THIS FORM COMPLETED AND SIGNED BEFORE ACTIVITY!

LIABILITY RELEASE FORM (Release of All Claims) AND AUTHORIZATION FOR MEDICAL TREATMENT

In consideration for being accepted by **Eastwood Church of Christ** for participation in **ALL EVENTS**.

We (I), being 18 years of age or older, do for ourselves (myself) our (my) heirs, executors and assigns, (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Eastwood Church of Christ, the directors, elders, deacons, ministers, and agents 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/or the child-participant while said child is participating in any trip or activity sponsored by the Eastwood Church of Christ; I (we) do further specifically release, forever discharge and agree on the terms hereinabove stated, to hold harmless the chaperons for this activity, namely:

ANY FACULTY OR STAFF OF THE EASTWOOD CHURCH OF CHRIST

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/or the child-participant that occur while said child is participating in any trip or activity.

Furthermore, in the event that participation in this activity involves the use of lodging, equipment, property, or vehicles owned by third parties or entities not associated with any of the aforementioned individuals or entities, we (I), do ourselves (myself), our (my) heirs, executors and assigns, (and for and on behalf of my child-participant if said child is not 18 years of age or older) hereby release, forever discharge and agree to hold said parties or entities named below, their directors, officers, agents heirs and assigns, 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/or the child-participant that occur while said child is participating in all trips or activities.

We (I) and on behalf of our (my) child-participant if under the age of 18 years hereby assume all risk of 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 and the chaperons named herein to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify all individuals, entities and third parties named herein, including, but not limited to **the Eastwood Church of Christ**, the chaperons, and any third party individuals or entities mentioned herein, for any liability sustained by any of them as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) do further authorize the said chaperons or any of them to act in the capacity of parent for the purpose of authorizing any medical or related treatment as may in their best judgment be necessary for said child(ren) named herein as a result of any injury or illness sustained while engaged in the above-described trip or activity, including, but not limited to, emergency treatment, hospitalization, emergency surgery, dental work, or other treatment in the event I (we) are unable to be reached directly for such purpose. I (we) do further hereby release any and all physicians, surgeons, dentists, hospitals, care givers, or other medical/dental facilities or providers from any liability arising out of acceptance of this authorization as a basis for treatment of said child(ren). I (we) do further agree to be solely responsible for payment of any charges incurred on behalf of said child(ren) for such services.

It is further understood and agreed that this release is intended to cover, and does cover, any and all future claims, demands, damages, and rights of action not known to either party hereto, or which may later develop or be discovered as a result of said child(ren)'s participation, including the effects or consequences thereof, and including all causes of action therefore as to all parties or entities named herein, their heirs, executors, administrators, agents and assigns.

Their name, birth date, and other pertinent information concerning the participant are:

| FULL NAME | BIRTH DATE | BLOOD TYPE (if known) | MEDICATIONS Being taken at Present) | ALLERGIC TO ANY MEDICATIONS? (Be Specific) |
|--------------------------------------------|------------|--------------------------|----------------------------------------|--------------------------------------------------|
| 1. _____ / _____ / _____ / _____ / _____ / | | | | |
| _____ | | | | |
| _____ | | | | |

If your child suffers from any chronic disease or disability, please indicate the nature of the disease or disability.

Name, address and telephone number of participant's regular physician and location of medical records:

| | | | | | |
|------|--------|------|-------|-----|-----------|
| Name | Street | City | State | Zip | Telephone |
|------|--------|------|-------|-----|-----------|

Hospital Insurance Yes No Insurance Company Name

Policy # _____ Group # _____

IF POSSIBLE PLEASE ATTACH A PHOTOCOPY OF YOUR OR YOUR CHILD'S INSURANCE CARD.

(Only the participant needs sign if 18 years of age or older. If under 18, one parent needs to sign.)

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

As used herein, the masculine shall apply to feminine, and singular to plural, without regard to number or gender.

IN WITNESS WHEREOF, I (we) have executed this Release of All Claims and Authorization for Medical Treatment on behalf of my (our) self/selves, and my (our) heirs, executors, administrators, and assigns.

I (we) declare under penalty of perjury that the foregoing is true and correct, that the information contained herein regarding my (our) child is true and correct, and that this document is executed at:

_____ this _____ day of _____
(city) (state) (month) (year)

This is intended to be a legally binding document. Both parents, if living together, need to sign this form. A copy of this document shall be as effective as the original.

Father's Signature

Mother's Signature

LEGAL GUARDIAN

Participant, if age 18 or older