

**Westminster Presbyterian Church Parental Consent & Liability Release Form  
for Students Release of All Claims  
January – December 2019**

**Participant's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student's Cell \_\_\_\_\_  
Student Email Address \_\_\_\_\_ School \_\_\_\_\_

**Parent(s)' Name(s)** \_\_\_\_\_  
Address (only if different from above) \_\_\_\_\_  
Mom's Email \_\_\_\_\_ Dad's Email \_\_\_\_\_  
Mom's Work Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_  
Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

**To whom it may concern:**

- The undersigned does hereby give permission for our (my) child, listed above, to attend and participate in activities sponsored by Westminster Presbyterian Church (hereafter referred to as WPC).
- We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons, inappropriate behavior, or otherwise the undersigned shall assume all transportation costs.
- The undersigned gives permission for WPC to use the participant's picture, comments, etc. in promotional materials (youth ministry newsletter, church website, video clips, etc.). The undersigned also gives permission for our/ my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by WPC.
- In consideration for being accepted by WPC for participation in their trips/activities, I (we), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant) do hereby release, forever discharge and agree to hold harmless WPC and the staff 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 the child-participant that occur while said child is participating in the trip or activity.
- Furthermore, we(I) understand that the trip or activity in which this participant is engaging entails some degree of risk of bodily harm, sickness, and/or death, and we (I) assume on behalf of this participant 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 WPC to furnish any necessary transportation, food and lodging for this participant and hereby grant our (my) permission for him (her) to participate fully in said trip or activity.
- The undersigned further hereby agree to hold harmless and indemnify WPC, its staff, employees and agents, for any liability sustained by WPC as the result of gross negligence, willful or intentional acts of this participant, leaders, instructors, teachers, or any other person involved directly or indirectly with the trip or activity in which this participant is participating, including expenses incurred attendant thereto.
- Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby will immediately transport our (my) participant home, assume all transportation costs and will not receive a refund for portions of the trip/event the participant did not complete.

## Insurance and Medical Information

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name and Phone Number \_\_\_\_\_

Emergency Name(s) and Phone Number(s) \_\_\_\_\_

- Please list any **Medical Conditions and/or Allergies** we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

- Please list any **Prescription Medications** your youth is taking: \_\_\_\_\_

\_\_\_\_\_

- Please list any **Over the Counter Medication** your youth **SHOULD NOT** take: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

### For the Student Participant - Behavior Covenant:

I agree to abide by all rules and directions the Westminster Youth Ministry (staff and volunteers) deem appropriate. I agree to not bring or use any alcohol, illegal drugs, tobacco products, or weapons to youth ministry events/activities. I recognize that failure to do so could result in my expulsion from the activity/event at my parent(s)' expense with no refund and that my parent(s)' may have to pick me up immediately regardless of the time of day or night.

As a member of the Body of Christ, I covenant to conduct myself in a way that brings honor to God.

As a person representing WPC, I covenant to treat those we meet and serve in a kind, honorable, and respectful manner. As a member of our Youth Ministry, I covenant to treat myself and others with respect and love. At events, I understand that it is my job to check the schedule and know my responsibilities.

\_\_\_\_\_  
Student-Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date