

**MEDICAL CONSENT FORM and
LIABILITY RELEASE AGREEMENT**

NAME OF PARTICIPANT: _____ **AGE:** _____

NAME OF PARENT/GUARDIAN (printed): _____

HOME ADDRESS: _____

TELEPHONE NO: _____ **CELL PHONE:** _____

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") while in, on, or about the premises of St. David's Episcopal Church or while participating in any activity sponsored by or under the auspices of Peters Creek Evangelical Presbyterian Church Youth Group under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

ALTERNATIVE PERSONS TO CONTACT:

NAME	RELATIONSHIP	PHONE NUMBERS (Including Mobile Phone Number)
------	--------------	--

PRIMARY CARE PHYSICIAN:

NAME	PHONE NUMBER
------	--------------

ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

HEALTH INSURANCE CARRIER	INSURANCE ID NO.	NAME OF INSURED
--------------------------	------------------	-----------------

PHONE NO. FOR VERIFICATION	CLAIMS MAILING ADDRESS
----------------------------	------------------------

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.

This consent shall be valid for one (1) year from the date of signing.

SIGNATURE OF PARENT/GUARDIAN

DATE

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S REGISTRATION TO PARTICIPATE IN THE YOUTH GROUP ACTIVITY AND, RECOGNIZING THE RISKS ASSOCIATED WITH THE ACTIVITY, THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE AND HEREBY RELEASES EMMANUEL UNITED METHODIST CHURCH AND ALL OF THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND YOUTH GROUP VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATEVER KIND, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH MY CHILD MIGHT HAVE, ARISING OUT OF MY CHILD'S PARTICIPATION IN THE YOUTH GROUP ACTIVITY AND ALL ACTIVITIES RELATING THERETO.

Parent or Guardian's Signature: _____

Date: _____