

INFORMED CONSENT AGREEMENT

I understand that participation in the activity offered through the Presbyterian Church, Bowling Green, Ky, involves a certain degree of risk. I have carefully considered the risk involved and have given _____, my (son/daughter), my consent to participate in

_____ on _____ Date(s)

- Without restrictions
- Special considerations or restrictions: _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release The Presbyterian Church of Bowling Green, KY, the activity coordinators, and all employees, volunteers, & related parties associated with the activity from any and all claims or liability arising out of this participation.

This form must have a parent/guardian signature:

Parent/Guardian Name (Please print.)

Parent/Guardian Signature

_____ Date

Telephone number(s) (area code included)

Medical Consent Form and Approval by Parents or Legal Guardian

Name of youth participant _____

Birth date (month/day/year) ___/___/____

Address (need street address if you have a P.O. box)

City _____

State ____ Zip _____

Youth Cell Phone# _____ Youth E-mail Address _____

Special considerations or

restrictions: _____

Insurance Company & Policy Number (Please include a copy of insurance card):

Physician & contact info _____

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Parent/Guardian Phone numbers/e-mail

(Area code and telephone number (best contact and emergency contact) E-mail (for use in sharing more details about the trip or activity)