

# Children/Youth Ministry Release Form

THE VILLAGE PRESBYTERIAN CHURCH

1300 Shermer Road

Northbrook, IL 60062

Valid From September 1, 2019 - August 31, 2020

Name of Participant: \_\_\_\_\_

I/We understand that there are inherent risks involved with events that The Village Presbyterian Children's and Youth Ministries sponsor and organize, and I/we hereby release The Village Presbyterian Church (TVPC), its staff, and volunteers from any and all liability due to any injury, loss, or damage to person or property that may occur during a church sponsored or sanctioned event.

I/We give permission for my son/daughter to attend events hosted by TVPC which may include the following: Events at The Village Presbyterian Church, off-site retreats, 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 withdraw their participation in that event. I/We give permission for my son/daughter to travel in the church bus or another vehicle driven by a qualified and licensed staff member or volunteer.

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 the TVPC staff member associated with the activity's ministry area, the lead adult of the group, or volunteer staff of TVPC 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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Special medical conditions you want to call to staff/chaperone attention:

\_\_\_\_\_  
\_\_\_\_\_