

# Saint Matthew's Episcopal Church

Parental Consent and Medical Release for August 1, 2018 – July 31, 2019  
Activity Participation Agreement

## Participant Information

Name of Participant: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

If a minor, does the participant have the permission of the custodial parent or legal guardian to attend this event?

Yes  No

Are event sponsors/leaders authorized to approve medical treatment?

Yes  No

Is participant covered by personal/family medical insurance?

Yes  No

If yes, name and telephone of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Please list any concerns regarding the participant's allergies, medications, or restricted activities for which we should be aware: \_\_\_\_\_  
\_\_\_\_\_

I understand that if at any time the participant's insurance changes, I, the custodial parent or legal guardian, must notify the Director of Youth and Children's Ministries to request and complete a new permission slip with the updated medical information before the participant can participate in any youth events. Initial \_\_\_\_\_

*By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in scheduled youth group activities both at the Saint Matthew's and offsite from 8/1/18 – 7/31/19. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in in these activities, and if a change in my current condition arises, I will notify the youth leaders of said change. I understand that each participant must assume the risk of physical injury that could result from any of these activities. Except for gross negligence on the part of the sponsor, the participant (or parent/legal guardian) accepts personal financial responsibility for any and all bodily or personal injury sustained during said activities. Further, the participant (parent/guardian) promises to hold harmless the sponsoring organization, staff, volunteers, and its representatives for any injury related to all Saint Matthew's Children and Youth activities from August 1, 2018- July 31, 2019.*

*If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.*

**Photo Release:** *In addition to the above mentioned terms, I also I grant to Saint Matthew's Episcopal Church, the right to take photographs of my child in connection with the above-identified event. I authorize Saint Matthew's Episcopal Church to use and publish the same in print and/or electronically. I agree that Saint Matthew's Episcopal Church may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.*

*(I accept terms of photo release:  Yes  No)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Participant or custodial parent/legal guardian if participant is a minor)*