

Second Presbyterian Church
Participation Release Form

Check One: **Youth Participant** _____ **Adult Participant** _____

Full Name: _____

Home phone #: _____

Full Address: _____

Birthdate: _____ Grade: _____ Gender: _____ T-shirt size: _____

School: _____

Emergency contact name and phone # (please list 2):

Parent or Guardian Names and Special phone #s and email:

Parent Signature

Youth Participant Signature

Date

Date

MEDICAL TREATMENT & RELEASE

I hereby give permission for the Second Presbyterian Church and its agents to apply first aid treatment and consent for the use of their judgment in securing; medical treatment and ambulance service and authorizing any other emergency treatment in case a parent/guardian cannot be promptly contacted. In such circumstances, I also authorize the doctor designated below to release to emergency personnel any medical information deemed necessary at the time.

Health Insurance Company _____

Policy Number _____

Member's Full Name _____

Allergies and other information:

Medications required during the trip:

___ Yes, my child may be given over-the-counter medications for minor complaints
_____ (please initial)

Physician name and number:

Parent's Signature

Parent's Printed Name

Date

Youth Covenant Statement

Participants Name: _____

I have willingly chosen to participate in Second Presbyterian Church's Youth Ministry. As a participant, I will work towards the goals of SPC Youth Ministry and building our group into a Christian community by...

- ❖ **Participating** whole-heartedly and enthusiastically in all the activities planned for our group and also being respectful of the entire group's need to participate.
- ❖ **Speaking up** when I have a problem, need or concern. Physical or verbal fighting is not acceptable, if you are having difficulty with anyone, please express your concerns to a chaperone immediately.
- ❖ **Listening/Responding** to the needs of others.
- ❖ **Following** the guidance of the adult leadership.
- ❖ **Respecting** other's property or rights, and abiding by the house rules.
- ❖ **NOT** using controlled substances (cigarettes, alcohol or drugs) or promoting use of these substances in our community.
- ❖ **NOT** leaving the event grounds at any time without an adult leader present.
- ❖ **Encouraging** others to understand and abide by the above covenant and striving, as a Christian, to live as a supportive member of the group and as an example of faith and belief to those with whom we are in contact.
- ❖ No one may go uninvited into anyone's room & no boys may enter into girls rooms and no girls boys rooms.
- ❖ Reckless skiing will result in the discontinuation of that activity and the need to remain by the side of a chaperone for the remainder of the time at the ski slope.

I understand that success in abiding by this covenant will result in a positive group environment and experience. I also understand that failure to abide by any of these guidelines may result in my being sent home at my parents' expense, including the need for a parent to come pick participant up.

Youth Participant's signature

Date

Parent's Signature

Date

Second Presbyterian Church (Baltimore, MD)
Permission/Medical Release/and Parent Covenant for

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Participants Name: _____

1. In consideration for my participation or my child's participation at **Faith in 3D** (church sponsored activity), I hereby release, waive, discharge and covenant not to sue The Second Presbyterian Church of Baltimore, its trustees, officers, agents, volunteers, chaperones and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or to any property belonging to me or my child, while participating in such activity.
2. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems which would preclude or restrict my participation or my child's participation in this activity. I am fully aware of the risks and hazards connected with _____(church sponsored activity), and I hereby elect to voluntarily participate in said activity, knowing that the activity may be hazardous to me or my child and my or my child's property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me or my child, or any loss or damage to property owned by me or my child, as a result of being engaged in such an activity.
3. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation or my child's participation in this activity. I agree to indemnify and hold harmless The Second Presbyterian Church of Baltimore, its trustees, officers, agents, volunteers, chaperones and employees, from any loss, liability, damage or costs, including court costs and attorneys' fees that may be incurred, due to my participation or my child's participation in said activity.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue The Second Presbyterian Church of Baltimore, its trustees, officers, agents, volunteers, chaperones and employees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Maryland.
5. I/ we have talked with my child about the need for appropriate behavior on this trip. He/she understands that failure to meet the expectations in this regard will cause him/her to be sent home immediately.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. Parent/Guardian's signature required for individuals under eighteen (18) years of age. I/We also give permission to have and will accept financial responsibility for my/our son/daughter to be examined and treated by a qualified physician in case of emergency. I/We understand that I/we will be contacted as soon as possible concerning any medical or behavioral problem with my/our child during these activities. I/We are aware of and approve of the planned costs, dates, places and activities of these events.

Parent's Signature

Parent's Printed Name

Date