

# Union Hill Presbyterian Church

## *Combined Permission (Release, Waiver of Liability, and Indemnity Agreement) Conduct form; and Emergency Medical/Contact Information for Children and Youth Activities*

Valid January 2010 – December 2010

Child/Youth name: \_\_\_\_\_

(Last, First and M.I.)

Birth date: \_\_\_\_\_

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

Street

City State Zip

Home Phone: \_\_\_\_\_ Youth's Cell Phone #: \_\_\_\_\_

Parent(s)/Custodial Adult(s)' Name(s):

\_\_\_\_\_

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): \_\_\_\_\_

Cell phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

In case of emergency contact WHEN THE PARENT(S) CANNOT BE REACHED:

1) Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Evening phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Name and phone number of primary treating physician:

\_\_\_\_\_

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *Authorization to Obtain Urgent or Emergency Medical Care*

As the parent(s) or custodial adult(s) of \_\_\_\_\_ (child/youth's name), I/we give permission for Union Hill Presbyterian Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

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Signature of Parent/Guardian

Date

Medical Insurance Company: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Participant Name & I.D. Number: \_\_\_\_\_

Name, Address & Phone Number of Employer where coverage is located:

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

### ***Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement***

I/we give permission for \_\_\_\_\_ to (name of child/youth) participate in the activities of Union Hill Presbyterian Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Union Hill Presbyterian Church, I/we release Union Hill Presbyterian Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Union Hill Presbyterian Church; and I/we agree to indemnify and hold forever harmless the Union Hill Presbyterian Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Union Hill Presbyterian Church or resulting from traveling to or from the activities of Union Hill Presbyterian Church, including loss or injury resulting from negligence or gross negligence. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

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Signature of Parent/Guardian

Date

**Permission to Travel in Vehicle with One Adult Present**

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult. (Yes) (No)

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Signature of Parent/Guardian Date

**Photo Permission**

I/we understand that my child may be photographed while participating in the activities of Union Hill Presbyterian Church. I/we (do) or (do not) give permission for a recognizable image of my child to be posted on the Union Hill Presbyterian Church website, bulletin boards, facebook group, or used in promotional materials. I understand that the Union Hill Presbyterian Church will not include my child’s last name or any identifying information. I understand that a non-recognizable image, such as a group picture, may be posted.

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Signature of Parent/Guardian Date

**CODE OF CONDUCT**

**To be filled out by youth:**

Throughout the year 2010, I, \_\_\_\_\_, (name of youth/young adult) plan to participate in various activities and events with adult leaders and other youth from UHPC both on the Union Hill Presbyterian Church campus and off campus. I agree to be responsible for my behavior, to respect the health and safety of others and myself, to relate to others and to use property and equipment in appropriate ways.

I understand that there may be trips/events when I will not be allowed to bring any electronic devices, including but not limited to cell phones, walkmans, CD players, mp3 players, and personal digital assistants (pda’s). Leaders reserve the right to confiscate any of these items and return them prior to my going home at the end of the event. **I also understand that no drinking, smoking, sexual conduct, or use of drugs is permitted on this church trip and that a violation of any of these will result in my immediate return home, at my own or my parents’ expense.**

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Signature of Youth/Young Adult Date

**To be filled out by parent:**

I grant permission for \_\_\_\_\_ (name of Youth/Young Adult) to participate in Union Hill Presbyterian Church Youth Group activities and events with adult leaders and youth of UHPC. I expect and hold my child to be responsible for his/her own actions during this event and travel to and from it, to be a cooperative member of the group so that this activity can be a wholesome means of fellowship. I have read the statement of responsibility above and have talked or will talk with my child about it. The church and adult leaders are held with no liability for unwise actions on my child’s part.

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Signature of Parent/Guardian Date