

**2018/2019 HEALTH RELEASE, PARENTAL PERMISSION, AND LIABILITY WAIVER FORM**

Westminster Presbyterian Church  
2701 Cameron Mills Road, Alexandria, Virginia, 22302, Phone: 703-549-4766  
VALID FROM SEPTEMBER 1, 2018, TO AUGUST 31, 2019

<u>Full Name of Youth</u> <i>(Please Print)</i> Goes by Name: _____	<u>Name of Parents:</u> <i>(Please Print)</i> _____
<u>Address:</u> _____	<u>Home Phone</u> _____
<u>Age of Youth:</u> _____ <u>Birthday:</u> _____	<u>Parent's Work:</u> _____
<u>Grade:</u> _____ <u>School:</u> _____	<u>Parent's Cell:</u> _____
<u>Youth Email:</u> _____	<u>Email(s):</u> _____
	<u>Youth Cell:</u> _____

T-Shirt Size (Adult): **Small Medium Large XL 2XL** *[Please circle one]*

**AGREEMENT FOR PARTICIPATION**

I/We, the undersigned parent(s) or guardian(s) for the above named youth, give permission for my child to participate in any and all activities, trips, mission activities, retreats, fundraising events, and all other programs sponsored by the Westminster Presbyterian Youth Program, under the direction of the Session and Staff, and the Middle School and/or Senior High Youth Advisors and/or Church School Teachers.

I/We give permission for the Youth Advisors or designated adults to transport my child on youth activities. All activities will follow our Child Protection Policy, that one adult will never be alone unobserved with any youth.

Please check box if you **do not** want your child/children's photograph to be published in youth ministry related publications and/or website. Please note that no names will be used along with any image or likeness in any church related publications or on the website unless special permission is sought and received.

**AGREEMENT FOR MEDICAL TREATMENT**

In the event of the inability to contact me/us where medical attention is expedient and necessary for the above named youth, I/we, the youth's parent(s) or guardian(s) hereby authorize any of the Youth Fellowship Advisors or Church School teachers, or Westminster Staff to procure any medical attention they consider necessary. I/We also agree to pay for all expenses incurred in connection with any medical attention given to my child while he/she is participating in any Westminster Presbyterian Church sponsored activity. I/We understand that it is my/our responsibility to provide medical coverage for my child. I/We will notify the church if our medical coverage changes. I/We also note that the adult supervisors reserve the right to restrict my child from any activity that they feel is not within the physical capabilities of my child.

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

RESPONSIBLE PARTY \_\_\_\_\_ ID# \_\_\_\_\_

Please list any allergies, daily prescription medication, physical handicaps, dietary or medical concerns:

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

**AGREEMENT TO WAIVE LIABILITY**

Westminster Presbyterian Church (hereafter referred to as "Westminster"), 2701 Cameron Mills Road, Alexandria, Virginia, 22302, is a non-profit church organization and a member church of the Presbyterian Church (USA). The undersigned ("Parent") is/are the parent(s) and/or legal guardian(s) of \_\_\_\_\_ ("Youth"), and desire the Youth to participate in programs and activities sponsored by the Westminster Youth Program. In order for Westminster to permit the participation of the Youth in such programs, I/we hereby agree to the following:

- 1. I/We acknowledge that there are potential dangers in participating in all programs sponsored by the Westminster Youth Program, including traveling to and from mission sites and working in mission sites. Thus, I/we agree that the Youth participate at his/her own risk and assume full responsibility for personal injury and property damage sustained by the Youth while participating in such programs.
- 2. Westminster, members of its Session, pastors, employees, youth advisors, teachers, or other officers ("Released Parties") shall not be liable for, and we shall hold them harmless from, any claims, demands, injuries, damages, actions, or causes of action by others arising out of or connected with his/her participation in the Youth Program.
- 3. I/We hereby expressly forever release and discharge Released Parties from all such claims, demands, injuries, damages, actions or causes of actions, and from all acts of passive or active negligence on the part of Released parties.
- 4. I/We agree, on our own behalf and on behalf of the Youth, NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES for injury, damage, or loss sustained as a result of the Youth's participation in the programs sponsored by the Westminster Youth Program. I/We agree to indemnify, defend, and hold harmless the Released Parties from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action brought by or on behalf of the Youth and/or the undersigned.
- 5. Westminster strongly recommends that the Youth and/or Parents of Applicants consult their health/medical insurance policy to determine whether they have adequate health and medical coverage.
- 6. The foregoing agreements shall extend to all programs and activities of the Westminster Youth Program, September 1, 2018 through August 31, 2019.

**I HAVE CAREFULLY READ THESE AGREEMENTS, AND AGREE TO THEIR TERMS.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(APPLICANT/YOUTH)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PARENT/GUARDIAN)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NON-FAMILY MEMBER ADULT WITNESS)