

GENERAL RELEASE FORM 2011-2012

FAIRMOUNT PRESBYTERIAN CHURCH

SECTION 1: PERMISSION AND LIABILITY WAIVER

For the Parent, Agency Rep., or Legal Guardian of Youth under 18:

"My child _____ (print name) has my permission to participate in **FPC YOUTH ACTIVITIES**. My child can do anything the leaders of **FPC YOUTH ACTIVITIES** organize and/or allow. I give complete control to the leaders organizing **FPC YOUTH ACTIVITIES**. I understand this may involve strenuous activity related to the activity he/she is participating in. (This includes but is not limited to: heavy manual labor, working on construction sites with tools such as hammers, power tools, picks, shovels, cement trucks, gas powered equipment, etc. It may also include assisting doctors and nurses at a health clinic, swimming, canoeing, camping, riding roller coasters, swimming in pools, and will involve transportation in buses, planes, vans and/or private automobiles. Permission is given for the minor named above to participate in all middle school and/or high school activities. I understand that this involves physical activity and that medical aid may not be readily available. I completely understand the risks involved. I authorize the leaders to take whatever reasonable steps are necessary in the event of a medical emergency. Furthermore, I agree that Fairmount Presbyterian Church (its staff, the leaders of this trip, etc.) shall not be liable for any injury my child may suffer or for my child's death, or for any damage or loss to my child's property which may occur during **FPC YOUTH ACTIVITIES** whether or not such injury, death, damage or loss is caused by the negligence of Fairmount Presbyterian Church, its staff or the leaders of **FPC YOUTH ACTIVITIES**."

_____/_____/_____
Print Name Signature Date

For Adults Participants Age 18 or Older (including FPC Staff, Leaders, Advisors, Reps. Etc.):

"I, the undersigned, agree that Fairmount Presbyterian Church (its staff, the leaders of this trip, etc.) shall not be liable for any injury I may suffer or for my death, or for any damage or loss to my property which may occur **FPC YOUTH ACTIVITIES**, or while I am is being transported to and from **FPC YOUTH ACTIVITIES**, whether or not such injury, death, damage or loss is caused by the negligence of Fairmount Presbyterian Church, its staff or the leaders or volunteers of **FPC YOUTH ACTIVITIES**."

_____/_____/_____
Print Name Signature Date

SECTION 2: CONSENT FOR MEDICAL TREATMENT

Participant's First Name Middle Name Last Name Sex: M or F

Home Address City State Zip

_____/_____/_____
Date of Birth (_____)_____-_____
Youth Cell Phone (_____)_____-_____
Youth Home Phone Youth Email Address

A. PARENTS/ LEGAL GUARDIAN

Father's Full Name Occupation (_____)_____-_____
1st Attempt Phone (_____)_____-_____
2nd Attempt Phone (_____)_____-_____
3rd Attempt Phone

Mother's Full Name Occupation (_____)_____-_____
1st Attempt Phone (_____)_____-_____
2nd Attempt Phone (_____)_____-_____
3rd Attempt Phone

B. IMMUNIZATION: Are all immunizations and shots up-to-date? ___ YES or ___ NO

C. ALLERGIES: List any and all allergies you may: _____

D. MEDICATION: List any and all medication(s) being taken: _____

E. OTHER MEDICAL CONCERNS: List any and all: _____

F. HEALTH INSURANCE:

Insurance Company: _____ Agent's Name: _____ Policy Number: _____

Group Number: _____ Primary on Account: _____ Last four digits of Social Security Number for Primary: _____

Billing Address City State Zip

G. MEDICAL RELEASE:

For the Parent, Agency Rep., or Legal Guardian of Youth under 18: "I, the Parent, Agency Representative or Legal Guardian, hereby give consent to Fairmount Presbyterian Church (Staff, Leaders, Advisors, Representatives, etc.) to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) or a Youth Advisor to my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. After a reasonable attempt is made to contact me, permission is hereby granted for any clinic, hospital, physician, dentist or health agency to provide all necessary dental or medical treatment for my child while he/she is under the custody of Fairmount Presbyterian Church."

_____/_____/_____
Print Name Signature Date

For Adults Participants (Age 18 or Older (including FPC Staff, Leaders, Advisors, Reps. Etc.)): "I, the undersigned, give my permission to any licensed physician (M.D.) or dentist (D.D.S.) or a Youth Advisor to provide all emergency dental or medical care that has been selected by one of the event/ trip Staff, Leaders, Advisors, and/ or Representatives."

_____/_____/_____
Print Name Signature Date

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SECTION 3: COVENANT

"I pledge that I will do what I can to help the members of our group to grow as individuals and as a Christian family. I also pledge to follow and uphold the following rules:

1. **I will show respect for others and will try to spread good cheer to all.** As a participant of **FPC YOUTH ACTIVITIES** I promise to help the members of our group and the persons with whom we will work to grow as individuals and as a Christian family. As an individual I will be responsible for my own behavior.
2. **I will respect the authority of the Staff, Leaders, and Advisors.** I will be attentive and respectful to those on whose authority and experience I depend in order to learn and grow, complete the tasks assigned, and keep myself healthy and safe (even if I disagree with their decisions or ideas). I acknowledge that my behavior affects the fabric of the community. I further understand that if in the judgment of the group leaders, I am no longer willing or able to behave in a responsible manner (or follow this covenant) or if my behavior adversely affects the community or the mission of the community then I will be subject to disciplinary action up to and including being returned home to Cleveland at my own expense or the expense of my family.
3. **I will respect the privacy of others, will stay clear of single-sex zones that are designated 'off-limits,' and work to keep our space clean.** I will show respect for myself and others and for the property and privacy of others.
4. **I will participate fully in all designated group activities, including orientation prior to FPC YOUTH ACTIVITIES, meals, small group discussions, travel, work, recreation, and worship. I will make a consistent effort to be on-time to such activities.** I will be respectful of the culture and religious beliefs of my hosts and avoid behavior which might demean or belittle. I will remit full payment and permission/medical forms for my travel by the designated due dates outlined in the information packet.
5. **I will not travel or swim alone, or otherwise endanger myself.** I will stay with leaders when traveling on **FPC YOUTH ACTIVITIES**. I will NOT violate the curfew. I will never travel by myself without a designated leader (someone over 21 and 5 years older than me).
6. **I will not drink or purchase alcoholic beverages or take drugs (prescription drugs excepted) or use tobacco products.**
7. **I will exhibit modesty in my relations with all involved in our FPC YOUTH ACTIVITIES.** This includes other participants and those we might encounter during the course of our activities (i.e. members of other youth groups, locals on mission and fellowship trips, etc...).

_____/_____/_____
Participant Print Name Participant Signature Date

_____/_____/_____
Parent Print Name Parent Signature Date

SECTION 4: EMERGENCY INFORMATION

- A. **IN CASE OF AN EMERGENCY:** You want us to call the following people in this order... *We're going to contact the parents first! This is IN CASE the parents don't answer their phones. So, don't put parent's names here silly!*

1	_____	_____	(____)____-_____	(____)____-_____	(____)____-_____
	Relation to You	Print Full Name	1 st Attempt Phone	2 nd Attempt Phone	3 rd Attempt Phone
2	_____	_____	(____)____-_____	(____)____-_____	(____)____-_____
	Relation to You	Print Full Name	1 st Attempt Phone	2 nd Attempt Phone	3 rd Attempt Phone
3	_____	_____	(____)____-_____	(____)____-_____	(____)____-_____
	Relation to You	Print Full Name	1 st Attempt Phone	2 nd Attempt Phone	3 rd Attempt Phone
4	_____	_____	(____)____-_____	(____)____-_____	(____)____-_____
	Relation to You	Print Full Name	1 st Attempt Phone	2 nd Attempt Phone	3 rd Attempt Phone

- B. **PICK UP:** is there anyone NOT authorized to pick up your child? _____

- C. **EATING HABITS / DIETS:** _____

DID YOU KNOW???

GENERAL RELEASE FORMS and **PERMISSION FORMS** and our
YOUTH CALENDAR can be downloaded from our website 24/7?

Go to → www.fairmountchurch.org/YOUTH