

Participant Name: _____

Birth date: _____

ACTIVITY CONSENT FORM

All Saints Episcopal Church P.O. Box 40, Sunderland, MD 20689

DATE OF EVENT/TRIP:

LOCATION:

START TIME AND DURATION:

I, _____ am the parent/legal guardian of _____, born _____. I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent/legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a child attending _____, my child will participate in certain activities which carry with them a degree of risk and danger. I consent to my child's participation in these activities.

I acknowledge and understand that this PARENTAL CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless All Saints Episcopal Church from any and all claims, demands or causes of action, which are in any way connected with my child's participation in these activities. I understand that it is my obligation to inform the churches of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of All Saints Episcopal Church. Should the need for medical attention arise, the churches will attempt to contact me as soon as practicable under the circumstances.

In case of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professionals duly licensed to provide health care services in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants and employees. I give permission to the doctor or healthcare professional to provide any and all medical care they deem, in their profession opinion, to be necessary. I agree to pay for and all medical expenses incurred as a result of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to

maintain a lawsuit against the churches on the basis of any claim from which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL CONSENT AND RELEASE by reading it before I signed it.

Signature

Date

Print Name

"Day-of" Emergency Contact #

PARENTAL PERMISSION, MEDICAL and PHOTO AUTHORIZATION FORM

All Saints Episcopal Church

Participant Name: _____ **Birth date:** _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Youth Group of All Saints Episcopal Church. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by those churches.

Medical Release

I hereby authorize the Youth Group leaders, volunteers, All Saints Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the Youth Group leaders of All Saints Episcopal Church, Sunderland, MD, to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by the Youth Group or All Saints Church, except as noted:

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Phone Numbes Phone Type (Home, Mobile, etc.)

Participant's Name(s)

Address City, State, Zip

Parent(s)/Guardian(s) Email address(es)

Other Emergency Contact(s)

Name(s) Relationship to Participant

All Saints Episcopal Church

Participant Name: _____ **Birth date:** _____

Health Care Information

Physician

Name

Phone

Medical Insurance Company

Policy/Group Number

Name of Policy Holder

Dentist

Name

Phone

Dental Insurance Company

Policy/Group Number

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Does your child wear glasses or contacts?

Date of last tetanus shot _____

For your child's safety and our knowledge, is your child a good, fair or non-swimmer?

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

All Saints Episcopal Church

Participant Name: _____ **Birth date:** _____

PHOTO AUTHORIZATION FORM

Permission to use photos/images:

We request your permission for your child's photo/image and/or name to be published on All Saints website and/or any other websites, FaceBook pages and other social media maintained, owned, and/or administrated by All Saints Episcopal Church. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personal identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Church office.

Check one of the following choices:

_____ I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be published on the Saints' Episcopal Church public website or any site operated by the church, including social media.

_____ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on the All Saints' Episcopal Church public websites or any site operated by the church, including social media.

_____ I/We DO NOT GRANT permission for any photo/image that includes this youth to be published on the All Saints' Episcopal Church public websites or any site operated by the church.

Signature

Date