

Bethesda Youth Ministries Release Form

_____ (print name) has my permission to attend _____ (event) ON _____ (date) as a participant in the Bethesda Youth Ministries program. I understand that this means permission also to ride the church bus/van, a chartered vehicle, or another privately owned vehicle driven by an adult or student of legal driving age.

I/we, the undersigned, are the parents having legal custody or are the legal guardians of the above named participant, a minor, give our consent for him/her to attend an event operated by Bethesda Youth Ministries and further authorize or permit Bethesda to furnish any necessary food and lodging for this participant.

I/we hereby release and discharge Bethesda Lutheran Brethren Church, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the event.

In the event that my child is injured while attending the event and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuse to administer without my/our consent, I/we hereby authorize the lead adult of our group to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below or if, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of consent, so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care, should the cost of that care not be covered or reimbursed by the health insurance carrier.

I/we hereby agree that I/we may be required to transport my/our child home at my/our expense, if he/she fails to adhere to the trip rules and/or the instructions of the trip leader(s).

Please list an current medications or health conditions we should be aware of:

(Continue on back, if necessary)

Health Insurance Company: _____

Policy Number: _____

Physician's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____
(Type or Print)

Phone Number(s): _____
(Where you can be reached during the event)