

SDPC Youth Fall Retreat Permission/Waiver

Name of Child _____

Parent/Legal Guardian _____

Parent/Guardian Phone _____ Student Phone _____

Student Birthdate _____ Student Grade _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of SDPC Youth is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities for which I am signing. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release South Dayton Presbyterian Church and its leaders, employees, and volunteers from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against South Dayton Presbyterian Church or its leaders, employees, and volunteers.

I further agree to indemnify and hold harmless South Dayton Presbyterian Church and its leaders, employees, and volunteers from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Special Events and Field Trips

I understand that the child named above may be participating in local service projects and fellowship events during SDPC Youth events.

Informational Notes / Driving Events

The undersigned does also hereby give permission for the above named child to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by South Dayton Presbyterian Church. My child/youth and I understand that seat belts must be worn at all times during transportation. All drivers during SDPC Youth-related events must be 21 years of age with a good driving record. While we understand that older youth may drive themselves to and from events, SDPC Youth will not give any youth permission to ride home with any other youth; this must come expressly written from the parents themselves.

Student's Agreement

My child/youth agrees to participate in the functions and activities of SDPC Youth, to cooperate with the leaders and peers, and to conduct themselves as a Christian. My child/youth agrees to honor God, respect themselves, respect other persons, and respect property. If it becomes necessary for my child/youth to be sent home early from an event, this will be done at my expense.

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Health Insurance Information

Insurance Company _____ Policy # _____

Insurance Company Phone _____

Primary Care Doctor _____ Doctor Phone _____

Emergency Contacts

Name _____ Relation _____

Phone _____

Name _____ Relation _____

Phone _____

Relevant Medical History/Information

(allergies, conditions, dietary needs, medications, etc.):

Other Information

Guardian's Agreement

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of South Dayton Presbyterian Church, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of South Dayton Presbyterian Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____