

Youth Group Permission Slip

Youth Information

Name _____ Class of/School _____

Cell Phone _____ Email _____ Birthday _____

Parent/Guardian Information

Name(s) _____

Phone Number(s) _____ Email Address(s) _____

Street Address _____

Mailing Address _____

Medical Information

Health Insurance _____ Policy Number _____

Food Allergies _____

Other Allergies _____

Medical Conditions/Concerns _____

Emergency Contact Information

(Emergency Contact will be used in the event that we are unable to get in contact with Parent/Guardian)

Name _____ Relationship to Youth _____

Phone Number _____ Address _____

Please complete the Release of Liability and Express Assumption of Risk on Reverse

**Community Presbyterian Church
P.O. Box 1930, 152 South Cottage St.
Buckley, WA 98321-1930
360-829-1222 [info @cpcbuckley.org](mailto:info@cpcbuckley.org)**

Release of Liability and Express Assumption of Risk

My child plans to participate in the Community Presbyterian Church Youth Group Meetings and/or Activities, during the period of September 1, 2014 to August, 31 2015, led by designated Youth Group Leaders. I understand that during my child's participation in the above activities they may be exposed to a variety of hazards and risks, foreseen and unforeseen, involved in the activities. These risks include, but are not limited to, the dangers of serious personal injury to my person and property. I know that injuries and damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and assistants or third parties, and such injuries and damages can occur as a result of negligence or because of other reasons.

In consideration of the privilege to participate in the activities and the services and amenities to be provided to me by Community Presbyterian Church, and its officers, agents, servants, employees and all persons, acting officially or otherwise, connected with the above mentioned activity (hereinafter collectively referred to as LEADERS):

I hereby waive, release, and discharge LEADERS from all claims, actions, causes of actions, and demands for or in any way connected with any and all injuries, damages, losses which may occur from any cause including, but not limited to any accident while participating individually or with others in the events of the Youth Group.

I understand that this assumption of risk and release is binding upon my heirs, executors, administrators.

I certify that my child is fully capable of participating in meetings and activities.

I confirm that I have read this document in its entirety and I appreciate, understand and I freely and voluntarily assume the risks of such injuries and damages and notwithstanding such risks, I agree to allow my child to participate in the Youth Group meetings and activities.

In the event of injury requiring medical attention, I authorize treatment for my child and understand that reasonable attempts will be made to contact me, should such a situation occur.

CAUTION: READ ABOVE BEFORE SIGNING

I HAVE READ, UNDERSTOOD, ACCEPTED AND AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS RELEASE AND ASSUMPTION OF RISK AGREEMENT AND ACKNOWLEDGE THAT THIS AGREEMENT IS BINDING AND EFFECTIVE UPON MYSELF, MY HEIRS, ASSIGNS, REPRESENTATIVES AND ESTATE. AND FOR ALL MEMBERS OF MY FAMILY.

Parent/Guardian Signature _____ Date: _____

Please complete Information on Reverse