

Truro Church Upper Room Youth Ministry

Release and Waiver of Liability

(School Year Participation Form)

Effective dates: 1 September 2010- 31 August 2011

I/we give consent for (print name of minor) _____, age _____, grade (10/11 school year) _____ to attend any Youth Ministry events, activities and programs (“Events”) being sponsored by Truro Church (“Truro”).

In the event that he or she is ill, injured, or otherwise requires medical examination, treatment, or care while under the care or control of Truro and its representatives, employees, agents and volunteers (“Representatives”), I/we hereby consent to, and will be responsible for, payment of charges for any emergency medical treatment or examination, or such treatment or examination deemed necessary by a licensed physician.

I/we further agree to release and hold Truro and its Representatives free and harmless of any claims, demands, or suits for damages arising from their conduct to the full extent permitted by Virginia law in conjunction with any Event, and including the authorization and provision of medical treatment.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church Youth Staff prior to that event.* I/we understand the natures of these Events and do hereby release Truro and its Representatives from any liability due to accident or injury incurred by my/our child. In addition, on behalf of my/our student and myself/ourselves, we understand that such activities entail some risk and we expressly assume the risk of such activities.

I/we agree to cover all costs if my/our student needs to be sent home for disciplinary reasons.

Truro Church has my permission to include my child, _____, in any photographs and / or videotapes taken during Truro Youth Ministry 2010-2011 school year activities. I further understand these photos and / or videos may be shared with staff, parents, Truro Church web page browsers, and others.

(Please see reverse for signature and medical information. Also, for details on notarization, which we now require.)

(Note: even if you have filled out this information in the past, we need it again, on this form, so that we can have everything in one place!)

(PLEASE TURN OVER TO COMPLETE FORM)

Child's Name _____

Date _____

Name of Parent or Guardian _____

Address _____

City _____ State _____ Zip code _____

Phone (home) _____

Phone (cell) _____ email _____

Special medications or allergies:

Family Doctor/Name of Practice _____

Doctor's Phone _____

Insurance Company _____

Group # _____ Policy # _____

Please note: For notarization through Truro Staff, you can contact Alice Hunt in the Family Ministry Office (703.273.1300 x 312) or Carey Lansing in the Truro Preschool (x 350)

Parent's Signature _____

Executed before me this _____ of _____, 20__:

_____ (notary signature)

Notary Public acting in
The State of Virginia
The County/City of _____
My office Expires _____