

PARENTAL CONSENT AND LIABILITY RELEASE FORM

The undersigned do/does hereby give permission for our/my child, _____ to attend and participate in the Youth Group activities sponsored by Trinity United Church of Christ, Thornville, Ohio. This includes all activities in 2008.

We/I authorize an adult, in whose care the minor has been entrusted, and in an emergency situation, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned child pursuant to this authorization and we/I do hereby release, discharge and agree to hold harmless Trinity United Church of Christ of Thornville, Ohio and the directors, staff and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature which may be incurred by the undersigned and the child-participant that occur while participating in the above-named activities. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all related costs, including but not limited to transportation costs.

The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by Trinity United Church of Christ, Thornville, Ohio.

INFORMATION

Parent's Name _____

HomeAddress _____

Home Phone _____ Work _____ Cell _____

Insurance Company _____ Policy/Group # _____

Please list all special dietary needs, allergies or medical conditions.

Parent/Legal Guardian Signature _____ **Date** _____