



**St. Andrew's Presbyterian Church | Family Ministries 2019/2020**  
**PERMISSION AND HOLD HARMLESS AGREEMENT**

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I, the undersigned parent of \_\_\_\_\_, do hereby give permission for my child to participate in the activities of the St. Andrew's Presbyterian Church (hereafter abbreviated to SAPC) Family Ministries from September 20, 2019 through September 19, 2020, and agree to hold harmless and indemnify SAPC and supervising youth leaders for any injuries or death which may result to my child while participating in this event and traveling to and from the church. I also give permission, if necessary, for my child to receive medical treatment as may be deemed appropriate. I understand Family Ministries activities will involve but not be limited to: in-town travel; out of town travel; swimming and water sports; high adventure activities, physical labor; events at the homes of supervising leaders and/or other youth members, times without direct supervision such as at shopping malls and amusement parks, and other activities.

I give permission for my child to ride with adult advisors/adult volunteers in their personal vehicle to and from events sponsored by SAPC.

I authorize St. Andrew's Presbyterian Church, at its sole discretion, to use and publish for any lawful purpose and without compensation, photographs, video, audio and/or other depictions of my child at events. This authorization shall remain in effect until revoked in writing.

I, on behalf of my child, assume all risk of injury, death, sickness, damage, and expense as a result of my child's participation in this church activity.

If any portion of this Agreement is determined by a court of competent jurisdiction to be unlawful, invalid, void or otherwise unenforceable, the remainder of this Agreement shall be severable and remain enforceable. Only that portion of the agreement so declared shall be considered enforceable.

\_\_\_\_\_  
Signature of the Parent or Guardian

\_\_\_\_\_  
Date

**FOR PARTICIPANTS AGE 18 OR OLDER, SIGN THE FOLLOWING STATEMENT IN ADDITION TO THE ABOVE PARENTAL RELEASE:**

I, \_\_\_\_\_, participate in the above mentioned activities, agreeing to hold harmless and indemnify SAPC and supervising youth leaders for any injuries or death which may result to me while participating in this event and traveling to and from the church. I also give permission, if necessary, to receive medical treatment. I assume all risk of injury, death, sickness, damage, and expense as a result of my participation in these church activities.

\_\_\_\_\_  
Signature of the Participant

\_\_\_\_\_  
Date

**PARTICIPANT INFORMATION**

Student Name	Birthdate
School Name	Grade
Home address	City/Zip
Parental Contact 1: _____ Cell number	Work number
Parental Contact 2: _____ Cell number	Work number
Parent/Guardian email	
Student email	
Alternate Emergency Contact (name and relation)	Cell number

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**CONSENT TO TREAT**

I, the undersigned, as parent or legal guardian of \_\_\_\_\_, do hereby give consent to adult representatives of SAPC Family Ministries to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any illness or injury that may arise from participation in any and all SAPC Family Ministries events.

If said youth is covered by any insurance company, please complete the following:

Insurance Company	
Address	
Policy Number	Group Number
Signature of the Parent or Guardian	Date
Relation to youth	

**MEDICAL HISTORY FORM**

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Dentist Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Preferred Care Facility

If necessary, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the advisors should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. **Include names of medications and dosages that must be taken.**

Check the following areas of concern for your child. If necessary, add another page with details:

1. Does your child have allergies?

- Pollen                       Medications                       Food                       Insect bites  
 Other: \_\_\_\_\_                       None

If marked, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- Asthma                       Epilepsy/seizures                       Heart trouble                       Diabetes  
 Stomach problems                       Physical handicap                       Other: \_\_\_\_\_                       None

If marked, please explain: \_\_\_\_\_

3. Date of last Tetanus shot: \_\_\_\_\_

4. Does your child wear:     Glasses     Contact Lenses     None

5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should your child's activities be restricted for any reason? Please explain: