

KNOX YOUTH GROUP

PERMISSIONS, AUTHORIZATION, AND ASSUMPTION OF RISK FORM

PERMISSION AND ASSUMPTION OF RISK

In consideration of permission for my child(ren) to accompany the Knox Presbyterian Church Sunday School or youth group, its staff and volunteer leaders, on all regularly scheduled Sunday School and Youth Group activities during the program year from September 13, 2009 through September 12, 2010, the undersigned is fully aware and voluntarily assumes the risks and hazards which may be associated with traveling to and from Sunday School/Youth Group events and with participating in or otherwise being associated with Sunday School/Youth Group events. I hereby release Knox Presbyterian Church, it's volunteers, staff, directors and members, from any liability associated with my child's involvement in Knox Sunday School/Youth Group activities.

It is understood that his/her/their presence at any or all Sunday School/Youth Group events indicates my approval for my child to participate in said event(s).

By my signature below, I permit my child(ren) to participate actively in the Knox Presbyterian Church Sunday School and Youth Group activities. I have read and fully understand the PERMISSION AND ASSUMPTION OF RISK and sign the same as my own free act on behalf of my child(ren) or ward(s) and on behalf of myself as his/her/their parent or guardian (or, if I am age 18 or older, on my own behalf.)

EMERGENCY MEDICAL AUTHORIZATION FORM

In case of emergency, and in the event that reasonable attempts to contact parents at phone numbers provided are unsuccessful, I hereby give my consent for:

- 1) the transfer of my child to a hospital
- 2) the administration of treatment deemed necessary by a licensed physician or dentist

This authorization does not include major surgery unless the medical opinions of two licensed physicians or dentists concur in the necessity for such surgery and are obtained prior to performing such surgery.

Date _____ Youth Participant(s) Name(s) _____

Parent/Guardian Signature _____

Signature of Participant (if age 18 or older) _____

Mother's name _____ Home Phone _____ Work _____ Cell _____

Father's name _____ Home Phone _____ Work _____ Cell _____

Family address _____ City _____ State _____ Zip _____

Other relative or responsible adult _____ Phone _____

E-mail addresses: Parent _____

Youth #1 _____ Youth #2 _____

Youth # 1 Name _____ School _____ Grade _____ Birthdate ___/___/___	Youth # 2 Name _____ School _____ Grade _____ Birthdate ___/___/___
Allergies or other medical conditions: 	Allergies or other medical conditions: