

Medical Release Agreement
In use September 2009 – September 2010
For Young Disciples, Rite 13 and J2A
For All Events/Activities “Sponsored” by:
Trinity Episcopal Church ~ 469 Wall Street ~ Bend, OR 97701 ~ Phone: (541) 382-5542

Participant _____ Home Phone _____
Address _____ City/State _____ Zip _____
School _____ Birth Date _____
Parent/ Guardian _____ Relationship _____
Parent / Guardian Work Phone _____ Home Phone _____
Medical Insurance _____ Policy Number _____
Is the participant allergic to any type of medicine? Y / N If yes, what: _____
Date of last tetanus shot? _____
Other medical or special needs _____

Parent / Guardian Agreement

We, as parents / guardians, believe that the participant is physically and mentally able to participate in the sponsored activities. We hereby authorize participant to be transported by Trinity Episcopal Church.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand that Trinity Episcopal Church carries no medical insurance which will cover the participant.

I understand all reasonable safety precautions will be taken at all times by Trinity Episcopal Church and their agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold these churches, their leaders, employees, and volunteer staffs liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature _____
Date _____

I understand that Trinity Episcopal Church may make use of private automobiles and volunteer drivers to transport my child to and/or from this event. I give my consent for my child to be transported in this manner. I release Trinity Episcopal Church, its representatives, and the volunteer drivers from any damages that may result due to an accident or injury.

Signature _____
Date _____

Participant Agreement

I, as the participant, understand that while in attendance at the Trinity Episcopal Church event/activities, I am under the direction and authority of those leaders in charge. I also understand that the use of alcohol, illegal drugs, fireworks, and abusive and lewd behavior are prohibited. I understand that these events/ activities will have a Christian / spiritual emphasis. I have read this entire form and agree to its contents and have discussed it with my parents / guardians.

Participant Signature _____ Date _____

This form will be kept on file with Trinity Episcopal Church for one year and will accompany the participant on events and activities.