

Saint Matthew's Episcopal Church

Parental Consent and Medical Release

“Youth Group Summer Event: Pool Party”

Activity Participation Agreement

Activity Information

Sponsoring Organization: St. Matthew's Episcopal Church

Event Location: *Heather Cole's House*

Sponsor Coordinator: Heather Cole

Sponsor Telephone: 602-739-9300 (cell)

Event Description: Pool party for youth group participants

Event Date and Time: Sunday, July 11, 2010 5:00 PM. (meet at Heather's)

Have parents pick you up at 7:00 PM (at Heather's)

Cost: None

Participant Information

Name of Participant: _____ Birth date: _____

Address: _____ Telephone: _____

Name of Emergency Contact: _____

Telephone (Day): _____ Telephone (Evening): _____

If a minor, does the participant have the permission of _____ Yes No
the custodial parent or guardian to attend this event?

Are event sponsors authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name and telephone of insurer: _____

Policy or group number: _____

The following information concerns participant's allergies, medications or restricted activities:

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____

(Participant or custodial parent/guardian if participant is a minor)