

**Corvallis Evangelical Church**  
**PARENTAL RELEASE**

**2010-2011 Youth Activities**

Name of Youth \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Group & Policy #s \_\_\_\_\_ Primary Doctor \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
(other than the parents)

I, the undersigned, being the parent or legal guardian of the above minor child, do hereby give permission for him/her to accompany the group on **any activity** sponsored by the Corvallis Evangelical Church **from September 2010 thru September 2011**.

I understand that all travel to and from such activities will be provided by insured adult drivers of Corvallis Evangelical Church vans, or church approved insured adult drivers of private vehicles.

I understand the term **activity** to include: 1) any program **on the church property**; 2) **local area** activities, such as trips to restaurants, shopping centers, private homes, recreational facilities, school-related events, and concerts in the Corvallis/Philomath/Albany area; 3) **out of the area day-trips**, such as trips to Eugene, Portland, the Oregon Coast, or into the Cascade mountains; **and 4) overnight or out-of-state trips**, such as camp-outs, retreats or mission trips.

I understand that I will receive advanced notice and additional information (through a mailing or phone call) of any out of the area, overnight, or out-of-state **activity** in which my son or daughter is planning to participate.

I understand and agree that neither Corvallis Evangelical Church nor its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child participating in the **activity**, which may result in injury, harm or other damages to me or my family.

As part of the consideration for being allowed to enroll and participate in **activities**, I hereby personally assume all risks in connection with my child's participation in **activities**. I further release Corvallis Evangelical Church, its trustees, instructors, agents and representatives from any injury or damage which may befall my child while my child is enrolled in or participating in **activities**. I further agree to save and hold harmless Corvallis Evangelical Church, its trustees, agents and representatives from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in **activities**.

I also authorize personnel of Corvallis Evangelical Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in any **activity**.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and are not mere recital, and that I have signed this document of my own free act and volition. I further state that I have read and agree to the entire contents of this Parental Release form.

Signature of Parent or Legal Guardian \_\_\_\_\_ Today's Date: \_\_\_\_\_

Check this box if you give the CEC Youth Leaders permission to give any of the following medications to your child (at the adult's discretion), as needed. Please initial after the medications you are approving, and cross out any medications you are not approving. **Benedryl** \_\_\_\_ **Tylenol** \_\_\_\_ **Ibuprofen** \_\_\_\_

Check this box if you have **important medical information** to list about your child. Use the back of this form and be sure to include special medical conditions, medications, allergies, etc.