

LAKE DAY 2010 PERMISSION/MEDICAL RELEASE FORM

Friday, July 9

Authorization for Treatment

I, the undersigned, for myself, and/or on behalf of my child under 21 years of age, give permission for an attending physician or hospital staff to administer medical care if deemed necessary by the Youth Staff of Swift Creek Presbyterian Church and Adult Volunteers at the Lake Day 2010 Event.

Initial here _____
(Parent) (Participant)

Release of Claims and Liability

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do hereby release from all claims and forever hold harmless the directors, employees, and agents (Youth Volunteer Staff/Chaperones) of Swift Creek Presbyterian Church from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses of any nature incurred by myself or my child.

Initial here _____
(Parent) (Participant)

Assumption of Responsibilities

I, the undersigned, for myself and/or on behalf of my child under 21 years of age, do also assume personal responsibility for all medical bills in excess of the applicable medical insurance plan of coverage used by our family for medical expenses. Furthermore, I assume all costs for damages incurred by my child due to his or her negligence of rules and restrictions placed on them by the directors, employees, and agents (Youth Volunteer Staff/Chaperones) of Swift Creek Presbyterian Church. And, should it be necessary for my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Initial here _____
(Parent) (Participant)

Participant's Signature _____ Date _____

Signature of Custodial Parent/Guardian _____ Date _____

Insurance Company Name _____ Group # _____

**FORMS ARE NOT VALID WITHOUT PROPER INITIALS AND SIGNATURES
IN ALL AREAS**