CALVARY YOUTH GROUP J-GEN RELEASE FORM (SUMMER 2019)

100 Dwight St, New Haven, CT 06511

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone: (\_\_\_\_\_) - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Minor”), and grant permission for the Minor to participate in Calvary Baptist Church Youth Group’s 2019 trip to the J-Gen Youth Conference in Upland, Indiana (hereinafter collectively referred to as the “Activities”). I understand and acknowledge that Calvary Baptist Church of New Haven (the “Church”) will not allow the Minor to participate in the Activities without releasing the Church and its officers, directors, employees, agents, contractors, representatives, affiliates, and volunteers (the “Church Representatives”) from any liability arising out of participation in the Activities and holding it harmless. I have investigated the risks involved in the Minor’s participation in the Activities and fully understand and assume such risks associated with the travel and the Activities. *Specifically, I understand and acknowledge that the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death*.

**I request that the Church allow the Minor to participate in the Activities, and in consideration thereof agree hereby to release and forever discharge the Church, its Boards, and Board members, officers, directors, employees, agents, and volunteers (collectively, “Released Parties”), from and against any and all actions, causes of action, injuries, claims, damages, ransom demands, cost or expenses of any kind, growing out of or related to any such Activities in which the Minor participates. I also agree to indemnify and hold harmless the Released Parties from any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of the Minor’s failure to comply with local, state, and federal laws, and/or arising out of any damage or injury caused by the Minor, including any and all related costs, attorney fees, liabilities, settlements and/or judgments. I understand that this is a full and complete release of all injuries and damages which I or the Minor may sustain as a result of his/her participation in any of the activities, regardless of the specific cause thereof.**

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of the Church’s representatives while participating in the Activities. This Agreement is binding on the Minor’s heirs, successors and personal representatives.

\_\_\_\_\_\_\_\_\_\_\_\_ **Initial**

PERMISSION TO TREAT

In case of accident, illness, or other emergency, I/we request that the Church contact me/us. If the Church cannot reach a parent/guardian after conscientious effort, I/we give permission for Church representatives, agents, contractors, and/or volunteers (“Church agents”) to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for Church agents to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, for the treatment of my/our child, to the appropriate Church agents and/or attending health care providers.

\_\_\_\_\_\_\_\_\_\_\_\_ **Initial**

*I confirm that I have read this RELEASE and understand and agree to the terms knowingly and voluntarily. I agree to the above initialed sections and understand that this agreement is binding on my heirs, successors and personal representatives.*

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Parent/Legal Guardian, Printed Name Signature Date