

**FREEDOM RIVER YOUTH EVENT
PARENTAL CONSENT AND RELEASE FORM (v.2.0)**

**PARENTS ACKNOWLEDGEMENT, MEDICAL AUTHORIZATION,
INDEMINFICATION/WAIVER OF LIABILITY**

Young Person's Name(s):

The above young person(s) is/are attending the Freedom River Youth Event to/at _____ with our consent. I am aware that there are inherent risks involved both directly and indirectly in any youth program/activity.

The youth leaders are authorized to arrange for emergency care as needed. I am the parent/legal guardian of the above young person(s) and on behalf of the above young person(s), their next of kin, heirs, executors, personal representatives, successors and assigns, do hereby exempt, release, waive, discharge, indemnify and hold harmless for myself, the above young person(s) or any minor in my custody, the Freedom River Community Church, their officers, agents, youth leaders, and volunteers from any and all liability claims or cause of action whatsoever arising out of, or which may result from the above young person(s) attending the Youth Event whether resulting from the negligence of the youth leaders, staff, agents or volunteers.

I acknowledge that the above indemnification and waiver of liability applies to all visitors to the Event site as well. In addition to the foregoing paragraph, in no way shall the Freedom River Community Church, their officers, agents or volunteers be responsible for any costs or legal fees associated in any way with any claims from the above attending the Event.

I am the parent/legal guardian of the above named young person(s). I have read and agree with all of the above.

Date

Signature of Parent or Legal Guardian

HEALTH INSURANCE INFORMATION

Name of Policy Holder _____

Policy Number /Insurance ID Number _____

Insurance Carrier/Phone Number _____

Family physician’s Name and Telephone _____

Is the child allergic to any medications or food _____

Does this child have any medical limitations that the leadership should be aware of? If yes, Please describe in full: _____

The children listed on the back-side of this page are attending the Youth Event at _____ with our consent. The youth leaders are authorized to arrange for emergency care as needed.

I hereby exempt, release and hold harmless the Freedom River Community Church, their officers, agents and volunteers from any and all liability claims or causes of action whatsoever arising out of, or which may result from the above young person(s) attending the Youth Event.

Date

Signature of Parent or Legal Guardian

If your young person(s) has asthma, you **must** alert Jamie Havlicsek and **must** send along the appropriate medicine. We would not encourage young person(s) with asthma to attend the trip unless they are fully responsible with and trained in the use of their medical equipment.

We will not be able to register your young person(s) without a completed Parental Consent and Medical Record