

# GENERAL RELEASE OF LIABILITY FORM FOR INDIVIDUALS

Tri-Church Youth Ministry 2023-2024

**Participant's Name:** \_\_\_\_\_

**Photo Release:**

I understand that photographs, video and/or digital images (hereinafter "images") may be taken of participants taking part in various Youth Ministry activities. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications. I acknowledge below that I do consent to such images being taken and do not request compensation for their use.

\_\_\_\_\_ (Parent/Legal Guardian please initial)

**Transportation Release:**

I give permission for the participant named above to be transported by Youth Ministry staff and/or volunteers in approved vehicles for off-site recreational events (with advance notice/invitation to parents), emergencies, or medical care.

\_\_\_\_\_ (Parent/Legal Guardian please initial)

**Medical Information**

I am aware that having the participant take part in any physical activity may be dangerous. Because of the inherent dangers of taking part in such activities, the participant recognizes the importance of following directions of the counselor/facilitator/instructors and agrees to obey such counselors/facilitators/instructors to the best of their ability.

In case of an emergency, we will call 911. We have first aid and CPR trained staff and at least one of them is available at all times to help with the emergency needs of any participant. A designated trained individual will manage the medications of participants under 18 years of age.

\_\_\_\_\_ (Parent/Legal Guardian please initial)

**RELEASE OF LIABILITY**

I understand that some of the activities during Youth Ministry events may be physically demanding. I affirm that the participant is in good health, and not under a physician's care for any undisclosed condition that bears upon their fitness to participate in activities including, but not limited to, hiking and playing active games. I understand and consent to first aid and/or emergency medical care for treatment of injuries that the participant may sustain while taking part in any activity associated with the Youth Ministry. I also understand that attending Youth Ministry activities increases the possibility of Covid infection. I understand that by signing this, I hereby release Youth Ministry and it's affiliated churches (Community UCC, First Congregational Boulder, Longmont UCC), their owners and employees, and all volunteers and individuals assisting in the instruction and conduct of activities from any and all liability. I have carefully read this Release of Liability and fully understand its content.

\_\_\_\_\_ (Parent/Legal Guardian please initial)

**CONTINUED ON REVERSE SIDE**

I hereby give my permission to the medical personnel selected by the Staff of Youth Ministry to order x-rays, routine tests, and treatment. In the event I cannot make that decision in an emergency, I hereby give permission to the physician selected by Youth Ministry staff to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery. This form may be photocopied for use out of Youth Ministry and information on it will be shared with Youth Ministry staff on a "need to know" basis.

\_\_\_\_\_  
Signature of Adult Participant

Date \_\_\_\_\_

OR

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if participant is under 18)

Date \_\_\_\_\_