



# RELEASE FORM: YOUTH

## PERMIT FOR SON OR DAUGHTER TO PARTICIPATE IN CHURCH RELATED ACTIVITIES, RELEASE OF CLAIM FOR DAMAGES AND MEDICAL RELEASE

SAXE GOTHA PRESBYTERIAN CHURCH  
5503 SUNSET BLVD. LEXINGTON, SC 29072

I give permission for \_\_\_\_\_ to participate in any activity or take any trip sponsored by Saxe Goth Presbyterian Church, 5503 Sunset Blvd., Lexington, SC 29072. I expressly give my permission and consent for the him\her to be transported in a car, van, charter vehicle, leased vehicle, or church bus. I acknowledge and understand that the vehicles utilized for transportation, including 15 passenger vans, may not meet the requirements of school buses as may be required by S.C. Code § 56-5-195, sometimes referred to as Jacob's Law, for vehicles used in transporting children to or from school or school activities.

I do hereby absolve and release the chaperones, drivers, and Saxe Gotha Presbyterian Church from any claim which might result from an accident or emergency sustained by such son or daughter while away from home, at the activity or on the trip. I hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge Saxe Gotha and agree to hold it harmless of and from all, and all manner of action, suits, judgments, claims and demands whatsoever, in law or in equity, including, but not limited to, any and all claims which allege negligent acts and/or omissions committed by Saxe Gotha whether the action arises out of any damage, loss, personal injury, or death to my son or daughter, while participating in the activity or trip. This release is effective and valid regardless of whether the damage, loss or death is a result of any act or omission on the part of Saxe Gotha. I further agree to indemnify and hold Saxe Gotha harmless from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by Saxe Gotha, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgements Saxe Gotha incurs in the event that I or my son or daughter cause any injury, damage and/or harm to any other person while participating in the activity or trip

I understand that proper discipline will be used to maintain his or her safety and health.

In the event that \_\_\_\_\_ suffers any illness or accident requiring emergency medication, hospitalization, or surgery at any time while at the activity or this the trip, I hereby give permission for any necessary medication, hospitalization, or surgery on recommendation of the attending physician and an accompanying adult at said activity or trip. It is understood that the attending physician or accompanying adult will contact me at the earliest possible moment. All expenses will be paid by me or my insurance company.

Please note: Parents or guardians are requested to sign this claim to avoid obligating the church or any of its representatives in the event of an unforeseen tragedy or accident. Responsible adults will accompany the youth and will supervise their activities, and every effort will be made to assure their safety. This claim remains in effect until December 31, 2019 unless cancelled by me in writing.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

**State of South Carolina (MUST BE NOTARIZED FOR OUT OF TOWN TRIPS!)**

County of \_\_\_\_\_

The forgoing instrument was acknowledged before me on this \_\_\_\_\_ by \_\_\_\_\_

who is personally known to me or has produced \_\_\_\_\_ as identification and who did not take an oath.

Notary Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent's Email \_\_\_\_\_ Student's DOB \_\_\_\_\_ Grade \_\_\_\_\_

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List two people who may assume temporary care of your child in an emergency or if you cannot be reached.

(1.) Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship: \_\_\_\_\_

(2.) Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship: \_\_\_\_\_

**INSURANCE**

*Primary Coverage of Child*

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address/Phone \_\_\_\_\_

Policy is in what name? \_\_\_\_\_ Company/Business \_\_\_\_\_

**MEDICAL HISTORY**

*Please describe any allergies (food, medical, insect, plant) that your child has.*

\_\_\_\_\_

\_\_\_\_\_

*Date of last tetanus booster:* \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Other health problems: \_\_\_\_\_

Please list any restriction on diet, swimming, diving, sun, exercise, etc. (*You must also tell the trip leader:*

\_\_\_\_\_

May we give your child any over-the counter medication? Yes No

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Sinus Medication \_\_\_\_\_ Cough Syrup \_\_\_\_\_

First Aid Cream \_\_\_\_\_ Band-Aids \_\_\_\_\_ Other \_\_\_\_\_