Youth Conference Ministries
Permission, Release & Consent Form | 2020

Group Leaders:

Make copies of this release form for **each** student in your group to complete.
They MUST have their parent or legal guardian sign the following release.
Youth Conference Ministries **DOES NOT** provide health insurance for campers.
Attach a copy of their insurance card (if possible). 2 copies of this form are due at registration of the event (one for YCM and one for you to keep).

ALL blanks MUST be filled in for individual to attend.

Event: _____ Date of Event: _____

Church Name & Group Leader: _____

Student Name (Please Print): _____

Address: _____

City, State, Zip: _____

Date of Birth (REQUIRED): _____

Home Phone: _____

Email Address: _____

☐ Male ☐ Female Age: _____ Grade (Next Fall): _____

I Hereby give my permission for myself or my child to participate in an activity organized (herein "Event Activities") by Youth Conference Ministries, Inc. (herein YCM). I hereby release, hold harmless and absolve YCM, their officers, staff, sponsors, vendors, and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the YCM staff or any adult counselor acting on behalf of YCM with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. I hereby represent that I have, or my child has the experience and is physically and mentally capable to engage in Event Activities, and further represent that my child has no physical or mental limitations to prevent me or my child from engaging in the Event Activities. Finally, I agree that YCM may tape or photograph my child and record his or her voice during their participation in the activity. I agree that YCM will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing YCM whether during the activity or thereafter.

I hereby release and discharge Youth Conference Ministries in Chattanooga, TN and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

If applicable, I am listing any medical problems or allergies: _____

_____

_____

_____

_____

Name of Insurance Company: _____

Policy Number: _____

Emergency Contact Person: _____

Emergency Day Number: ( ) _____ *Emergency Night Number:* ( ) _____

***REQUIRED** Printed Name of Parent or Legal Guardian:* _____.

***REQUIRED** Signature of Parent or Legal Guardian:* _____ *Date:* _____