

Youth Trip Release Form

**Effective for all trips and/or activities with
CAMELBACK CHURCH OF CHRIST**

I, the undersigned, attest and warrant that I am the parent, guardian, or managing conservator of (child's name) _____, and that I have legal authority to sign this permission, release and consent to medical treatment. I will keep informed of the church sponsored activities for my child.

Child's Name: _____ **Parent's Phone #:** _____ **Cell #:** _____

Address: _____ **Zip:** _____

Birthday: _____ **Parent or Guardian's Full Name:** _____

Medical Information

Physician's Name and Phone #	Drug Allergies	Current Medications
_____	_____	_____
_____	_____	_____
_____	_____	_____

Blood Type: _____

List all other pertinent Medical Problems: _____

Emergency Contact

In Case of Emergency, Contact:

Name: _____

Home Phone #: _____ **Business Phone #:** _____ **Cell #:** _____

Medical Insurance Information

Policy Holder: _____

Company's Name: _____

Policy Number: _____

***A copy of insurance card is required! *If medical insurance information changes, new information is to be provided.**

Medical Release

I understand that, if medical treatment is required, every effort will be made to contact me. In the event of an emergency, I hereby authorize Camelback Church of Christ and its staff, employees, drivers, sponsors, volunteers, and helpers (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical care including without limitations X-ray examinations, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care for my child and I hereby release Camelback Church of Christ and its Representatives from any financial liability incurred during such emergency treatment.

Signed: _____ **Date:** _____
(Parent or Guardian)

Parental Consent

I hereby authorize and give my consent for my child to participate in Camelback Church of Christ sponsored trips and activities on and off the premises of Camelback and to ride in any vehicle provided by Camelback or owned by private individuals. I also understand that if my child becomes unmanageable or a discipline problem, Camelback may send them home immediately at my expense and I will forfeit my money paid for my child's participation in that event.

Signed: _____ Date: _____
(Parent or Guardian)

Photograph Release

Activities sponsored by Camelback Church of Christ are often photographed and/or videotaped. As parent or guardian, I give my permission for my child, _____, to be photographed and/or videotaped with the understanding that the photographs/video may be used for such purposes as scrap books, video presentation, facebook, the Web, publicity, etc. by Camelback Church of Christ and its Representatives. Crowd scenes where no single person is the dominant feature are exempt.

Signed: _____ Date: _____
(Parent or Guardian)

Church Release

I hereby release Camelback Church of Christ and its Representatives from any liability for injury or damages suffered by the above child and agree to release, indemnify and waive any rights by subrogation I may have, and hold harmless Camelback Church of Christ and its Representatives for claimed or asserted injury or damage to my child.

Signed: _____ Date: _____
(Parent or Guardian)

ACKNOWLEDGEMENT

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

Signed: _____ Date: _____
(Parent or Guardian)