



PARENTAL CONSENT AND RELEASE OF LIABILITY

1. RELEASE OF LIABILITY

I understand that the opportunity to attend SAN ANTONIO YOUTH FOR CHRIST ("SAYFC") activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities, games and job training activities which may include, but are not limited to automobile repair or printing. I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release SAYFC, including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in SAYFC activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives SAYFC and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE SAYFC AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE SAYFC, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in SAYFC activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold SAYFC, including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all SAYFC activities.

3. MEDIA RELEASE

I hereby grant permission to SAYFC the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of SAYFC.

4. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) YOUTH FOR CHRIST/USA, INC. will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

5. MEDICATION INFORMATION

Any medication brought to a YFC activity must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

Student Name: _____ **Student Signature:** _____ **Date:** _____

Student DOB (dd/mm/yyyy): ____/____/____ Date of last Tetanus Booster: ____/____/____

Known allergies (food, medicine, etc.): _____

Other notable medical conditions: _____

Family Physician: _____ Physician Phone: _____

Insurance Provider: _____ Policy Number: _____

Parent / Guardian Name: _____

Address: _____

City / State / Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Person responsible for charges (if different from above): _____

Address: _____

City / State / Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Emergency contact person: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Parent / Guardian Signature: _____ **Date:** _____