

LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT
(THIS FORM MUST BE COMPLETED BY EACH YOUTH ATTENDING)



STEUBENVILLE NORTHWEST 2008

Group Leader _____ Group Name _____

Youth Participant's Name _____ Year of High School Grad. _____

M/F _____ Date of Birth _____ E-mail _____

Parent/Guardian Name (s) _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Work Phone # (_____) _____ Cell Phone # (_____) _____

Additional: Work Phone# (_____) _____ Cell Phone # (_____) _____

LIABILITY RELEASE

- ★ I give permission for my above named child to attend this Youth Conference.
- ★ As parent/guardian, I remain fully responsible and liable for any claims brought against Spiritus Ministries NW which may result from any action taken by my child.
- ★ My teen and I have read and understood the Expectations of Participants for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense, as outlined in the consequence policy.
- ★ Should photos or video be taken, I give my permission for the use of my child's image and/or likeness in any promotional or other marketing activities relating to the Steubenville Northwest Conference.

Parent/Guardian Signature _____ Date _____

MEDICAL HISTORY

PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES!!

Allergies _____

Current Medications _____

I hereby grant permission for nonprescription medication (e.g. aspirin, throat lozenges, antihistamines) to be given to my child, if deemed advisable by the emergency medical personnel supplied by Spiritus Ministries NW and Gonzaga University.

Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL TREATMENT

- ★ In the event of an emergency, I hereby give permission to Spiritus Ministries NW, its officers, directors, agents, volunteers, and representatives associated with this event to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- ★ I give permission for myself to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel.
- ★ I relieve Spiritus Ministries NW of all responsibility and consequences that may arise as a result of this treatment.
- ★ I will not hold Spiritus Ministries NW liable in the event of an injury.
- ★ Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent/Guardian Signature _____ Date _____

In the event of an emergency please contact (someone other than those listed above)

Name _____

Relationship _____ Telephone # (_____) _____

