

STUDENT/LEADER CONSENT RELEASE FORM FOR THE WKND

NOTE TO STUDENT/LEADER: The Youth Pastors of Payson want your experience at the WKND to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Name

Last First Middle Initial

Birthdate

Age Sex

Spouse/First Emergency Contact

Last First Middle Initial

Home Address

Street and Number City State/Province Zip/Postal

Phone

Home _____ Business _____ Cell _____

Second Emergency Contact

Last First Middle Initial

Home

Street and Number City State/Province Zip/Postal

Phone

Home _____ Business _____ Cell _____

Any allergies or other medical needs?

Name of Physician _____

Last First

Phone _____

Address

Street and Number City State/Province Zip/Postal

☐ I have had a physical within the last 24 months

Medical Insurance Company _____ Policy # _____

Phone _____

Address _____
Street and Number City State/Province Zip/Postal

Website

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold the WKND or any churches involved liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of the WKND, its agents and employees, and will indemnify and hold the WKND and any churches involved harmless from any liability for damages or claims against the WKND arising out of or in any way related to any such loss, damage or injury.

I release the WKND and any churches involved, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

I verify that I am or my child is in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. I recognize that any medical treatment and/or medical transportation that is provided to me or my child while attending the WKND camp will be paid for by my medical insurance company.

WAIVER AND RELEASE

If I am under the age of 18, my parent or guardian, by signing below, also consent to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold the WKND and any churches involved harmless from any claim asserted by me against the WKND and any churches involved, including its trustees, employees and agents, if I should repudiate this release after obtaining adulthood.

Signature _____

Date _____

Name of Your Group/Church _____

Dates of Event _____