

Christ Church Cathedral Youth Permission to Participate & Liability Release Agreement

For: _____ (Youth's Name)

Medical Consent: In the event of a medical emergency, I hereby consent to the provision of necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional to Participant. By signing below, I am verifying that Participant has had routine immunizations and a tetanus booster within the past ten years.

Permission to Participate and Release: I acknowledge and understand there are risks associated with participating in youth activities and mission trips. I, for myself and Participant, willingly accept and assume the risks associated with participation and for myself and Participant, our heirs, assigns, representatives, and next of kin, and agree to release, hold harmless and indemnify Christ Church Cathedral ("CCC") and its employees and representatives from any and all injuries, liabilities or damages from participation. I additionally agree to indemnify CCC for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation. Participant is of physical ability to participate and I am legally competent to understand and execute this agreement and do so without coercion.

The undersigned also agrees to pay in full for all costs and expenses incurred in connection with medical and dental services rendered to Participant. Should it be necessary for Participant to return home due to medical reasons or inappropriate behavior, the undersigned will assume all costs.

Please provide a copy of Participant's insurance card &/or give the information below:

Medical Insurance Company & Phone Number: _____

Policy Number: _____

List any allergies (food/medication/other): _____

List any medications or conditions we should be aware of: _____

Photography Release: I understand that CCC staff or their representatives may photograph and/or videotape Participant during youth functions and that staff may use such photographs or videotapes to promote CCC's work. I expressly consent to CCC's photographing and videotaping of Participant and give CCC permission to take photographs, including digital images, of Participant and to make perpetual use in any medium of such photographs and images. This release and consent shall be interpreted in accordance with the Tennessee Personal Rights Protection Act of 1984.

Expectations for Youth: Participants will observe Christian virtues in all their decisions and actions. Participants will: stay with the group at all times; not use or possess illicit drugs, drug devices, alcohol, tobacco products, weapons or knives; refrain from the use of profane or vulgar language; respect others' property and persons; and will be supportive of everyone in the community.

I have read these expectations and agree to participate within this community with such expectations:

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Emergency Contact Information: (Parents/Guardians/Other)

Name	Home Number	Cell Number