



Medical/Liability Release

2010 IYOU Peace Be Still

must be completed by all participants attending the event

The parent or guardian must sign this form in the presence of a notary.

Return the original copy with your registration form and fees.

****Keep a duplicate copy with you during your travel to and from the activity.****

This form to be filled out by the parent/guardian for participants 17 and under, and by the participant for those 18 and over.

Name of event participant _____ Birth date ____/____/____

Parent/legal guardian(s), if under 18 _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Parent/guardian phone(s) _____

Please indicate cell/home/work

Emergency contact _____ phone _____

Please indicate cell/home/work

Photography Release I hereby grant the church, region, Association, Unity and its representatives permission to use, without compensation or restriction, photographs and videotapes images (from local, regional, and international Unity events) in which the participant appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

Confidentiality Release I understand that health information on this form will only be shared, as needed, with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization.

MEDICAL HISTORY

I certify that the above named person is in good health and able to participate in all normal activities of the group Yes No

If no, specify limits of participation _____

Please list allergies and life threatening illnesses _____

Is the participant currently under a doctor's supervision for: Epilepsy ADD/ADHD Diabetes Asthma

Current medications (specify): _____

Date of last tetanus shot _____ Date of last dental check up _____

INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE

Personal physician (name and phone number) _____

Attach copies of insurance card (front and back) or list: medical insurance company _____

policy number _____ ID number _____ policyholder's name _____

phone number to verify coverage or submit claim _____

As the above-named participant (or legal guardian if the participant is a minor under the age of 18), I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined on both pages of this document (including release of photographic images & personal information as described above).

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to youth ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable the church, the Association of Unity Churches International ("the Association"), Unity School of Christianity (Unity), Three Trails Camp, their employees, agents and event/youth group leaders **for any injury, illness or property damage involving the above-named participant** no matter how caused. Whenever deemed necessary by group leaders, **I authorize and consent to the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same.** If the above-named participant is incapacitated or under age 18, I do hereby **authorize and consent group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care** which is deemed advisable by a state-licensed physician or surgeon.

Signature _____ Date _____

Signature of adult participant or the parent/legal guardian of the YOUer under 18 years of age

This page is for minors, and is to be completed by parent/guardian for participants under 18.

Name of event participant _____

About insurance cards—this is important!

A hospital may require your child’s Social Security number and/or insurance card (as proof of insurance) before treating or admitting them. You should make sure your child carries that information to events, or you can provide that information here:

- above-named minor’s SS# _____ - _____ - _____

Parental Consent and Liability Release

As legal guardian of the above-named minor under the age of 18, I give my permission for him/her to be involved in the youth ministry program(s) of the church, region and Association. I am familiar with the general goals and purpose of the program(s). Transportation is the parent’s responsibility to/from IYOU Peace Ambassador Training. If a sponsor is supervising the minor, transportation must be coordinated with the sponsor. If my child needs to be sent home for any reason, including behavior problems or medical reasons, I agree it will be at my expense.

Please check which over-the-counter medications you will allow to be dispensed to this participant:

- Yes No **Acetaminophen** (e.g. Tylenol)
- Yes No **Nasal decongestant** (e.g. Sudafed)
- Yes No **Pepto Bismol**
- Yes No **Ibuprofen** (e.g. Advil, Motrin)
- Yes No **Cough suppressant** (e.g. Robitussin, menthol cough drop)

Group leaders must be informed of any prescription medication brought by youth, with clear information as to proper use and dosage. If medication is “as needed,” your child must understand the symptoms of his/her condition and know when to ask for help.

SIGNATURE _____ **Date** _____

Signature of the parent/legal guardian of the YOUer under 18 years of age

This form must be notarized for all participants under age 18

State of _____ County of _____

Subscribed and affirmed (sworn to) before me on this _____ day of _____ 20____

(by _____).

Notary’s Signature _____ (Seal)