

CONSENT AND RELEASE

To be completed by Parent or Guardian if Participant is under 18 years of age; otherwise to be completed by Participant.

Lanesville Congregational Church (herein "Agent")  
1120 Washington Street, Gloucester, MA 01930

(herein "Participant")

I, \_\_\_\_\_ I, as (circle one) the Participant, do hereby give permission to the Participant to attend and participate in all 2018/2019 youth group events and activities (the "Activity").

I do hereby authorize the Agent, acting as the Participant's agent, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any licensed physician or surgeon; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Participant by any licensed dentist. I hereby authorize any hospital that has provided treatment to the Participant to surrender physical custody of the Participant to the Agent upon completion of treatment. I hereby agree to pay all costs of medical and dental care incurred by the Agent on behalf of the Participant.

I also hereby give permission for the Participant to travel in any vehicle designated by the Agent in whose care the Participant has been entrusted while attending and participating in the Activity.

These authorizations shall remain effective from during the duration of the Activity, unless sooner revoked in writing and delivered to the Agent.

I acknowledge and understand that the Activity includes the use of power tools and other potentially hazardous equipment. I expressly give permission for the Participant to engage in such Activity. I understand and hereby agree to assume all of the risks that may be encountered in connection with the Activity, including but not limited to the risks of illness, injury or death. I hereby release, forever discharge and agree to hold harmless the Lanesville Congregational Church, its employees, agents and any and all other personnel for all liability, claims or demands for any injury, loss or damage arising out of, related to or resulting from the Activity.

I have carefully read the foregoing release and know the contents thereof, and sign this release of my own free act and deed. This is a legally binding agreement, which I have read and understand.

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Signature _____	Medical Information _____
Print Name _____	Insurance Company: _____
Address _____	Insurance Card No. _____
_____	Policy Holder _____
Phone: _____	Relationship to Participant _____
Dated _____	Medical Conditions: _____
	Medications: _____
	Allergies _____

Please check box if you do not want your child's photograph to appear on our church's website.