

## 2018 CityServe Seafarers

### Medical Release and Waiver of Liability

Please print the following information for the participating minor/adult:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact's relation to minor or adult participant \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact's relation to minor or adult participant \_\_\_\_\_

I, \_\_\_\_\_ legal guardian of the above named minor and in reference to the same minor/adult participant:

- Am aware of the purpose and nature of this trip and give my permission for my child/legal charge to participate in all ordinary activities that the youth might engage in on these trips.
- Certify that there is no known medical or physical reason to restrict his/her activities.
- Understand that in the event of an emergency, every effort will be made to contact me using the information I have supplied above. If I cannot be contacted I authorize the team leaders to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment or hospital care to be rendered to the minor deemed necessary by attending medical personnel. I will be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services incurred by my child/legal charge.
- Give my permission for this minor to ride in any vehicle designated by team leaders or their agents for the purpose of participating in the mission trip and related activities.
- Understand that participation in any illegal activity, possession of weapons, drugs, or alcohol, or any other activity that substantially harms (emotionally, physically, or otherwise) another individual member of the group or the group as a whole will result in the named youth being sent home.
- Am aware of, understand, and accept full responsibility for all risks of travel and work assigned to my child/legal charge while participating in CityServe Seafarers. I hereby indemnify and hold harmless Church of the Holy Cross, Episcopal, Mission to Seafarers and staff and agents of the afore mentioned, and waive any and all legal claims against the same for any injuries, direct or consequential damages or loss that may result from this minor's work and involvement (or my own work and involvement) and I assume all of such risk unto myself.

Participating minor \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian of minor \_\_\_\_\_ Date \_\_\_\_\_