



## Release of all Claims

I, the undersigned, am the parent/have legal custody of \_\_\_\_\_ (“student”) and have given my consent for him/her to attend the activities of Christ Presbyterian Church Youth Ministry (“CPCYM”). I understand that my student’s participation is purely voluntary, a privilege and not a right, and that my student elects to participate in the ministry activities. I agree to instruct my student to cooperate with the ministry team members in charge of the ministry activities.

I understand that all reasonable safety precautions will be taken at all times by the CPCYM team during events and activities but that there is the possibility of unforeseen hazards and a possibility of risk in any ministry or athletic event. Therefore, in the event of injury or illness occurring to my student while participating in the activities of the CPCY, and related travel, the following will apply:

- a. **Contact and Consent to Treatment** Every attempt will be made by the CPCYM team to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give authorization to the CPCYM team leaders to give consents and authorizations for emergency medical care for my student by paramedics, physicians, nurses, or hospitals for necessary medications, medical treatments, and diagnostic or surgical procedures deemed necessary for the best interest of my student.
- b. **Insurance Coverage Primary; Other Costs** My insurance coverage for my student will be the primary and sole coverage in the event of a medical emergency and I will be responsible for payment of any costs that are not covered by my insurance. The insurance of the Church will not be secondary insurance nor shall the funds of the Church be used for unreimbursed expenses related to the emergency care.
- c. **Release and Hold Harmless** I hereby release and hold harmless the Church, its pastors, officers, employees, agents, and volunteers from any and all liability, claims, judgments, cost and expenses, including attorneys’ fees, arising out of or related to the need or provision of emergency care for any injury or illness incurred or caused by my student, while participating in or traveling to or from the CPCYM activities.

I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
Student Signature (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date