

**Consent for Excursion or Extended Trip
Release Waiver, Indemnification, and Medical Release Form, p2**

Medical History: *If necessary, describe in detail the nature and severity any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your (or your child participant) is subject and of which the trip leaders should be aware, and what, if any, action of protection is required on account thereof. Include additional page if needed and list medications and dosages that must be taken.*

Consent for Excursion or Extended Trip Release Waiver and Indemnification

I/we understand that certain rules of conduct have been established for all participants during the trip/event and I/we assume responsibility for the youth's actions during the trip/event and the youth's compliance with the rules. I/we agree that, in the event the youth violates the established rules for youth during the trip/event I/we assume all liability for and agree to save, indemnify, defend and hold St. Matthias, its agents, servants, volunteers, and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or neglect of the youth; and in the event of repeated violations or a serious violation of the established rules by the youth, I/we will accept a collect telephone call concerning the youth's actions and behavior and I/we further understand, agree and consent to the youth being returned home immediately by public transportation at my/our expense.

I/we further understand and agree that the youth may, during part or all of the trip/event, travel by private vehicle, and I/we hereby agree consent to thereto and specifically: (1) waive any and all claims of any sort or nature I/we may have against the owner and/or driver of any such private transportation for any personal injury, bodily injury or death and for any property damage, regardless of the cause thereof, and (2) agree to hold harmless and indemnify the owner and/or driver of any such private transportation from any and all claims or demands of any sort or nature which may be asserted by or on behalf of the youth for any personal injury, bodily injury, death or property damage, regardless of the cause thereof.

I/we waive any claim against St. Mathias, its sponsors, agents, servants, volunteers and employees and hereby release them from any responsibility and liability for any personal or bodily injury, death or property damage that my child may sustain during the above listed activity. I/we agree to indemnify, save and hold the church, its agents, servants volunteers, and employees, harmless from any claim, demand or cause of action of whatsoever nature or kind asserted by or on behalf of the youth for any personal or bodily injury, death or property damage sustained by the youth during the trip/event and the youth's participation therein.

By my/our signature(s) hereon I/we affirm that I/we have read and fully understand the terms, conditions, releases, and waivers above set forth.

Medical Release

In the event of an emergency, I hereby authorize an adult leader of this activity to act as agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible. I acknowledge that I am financially responsible for any emergency medical or dental costs.

Date _____ Signature (or Parent/Guardian) _____

Printed name _____



St. Matthias Episcopal Church

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Please complete both sides of this form

Event _____ Date(s) _____

Event Location _____

Name of Participant _____ Age _____

Address _____

City, State, Zip _____

Home Phone _____ Other Phone (cell/work?) _____

If participant is under 21 years of age, complete below

Parent/Guardian: _____

Parent/Guardian Home Phone _____

Mother's work/cell phone _____ Father's work/cell phone _____

Alternate contact _____

Where parents will be during event _____

Notify in case of emergency _____

Phone _____

Medical Information:

Doctor name _____ Phone _____

Allergies _____

Medications _____

Other Information _____

I have medical insurance coverage for the above named participant.

Company _____

Address _____

Policy in Name of _____

Insurance Policy I. D. _____ SSN of Policy Holder: _____

Or, I acknowledge that I do not have "medical insurance" for the above named participant and understand that we are financially responsible for all costs.