



**IMMANUEL EVANGELICAL CHURCH (IEC)  
YOUTH GROUP  
AGREEMENT TO PARTICIPATE  
2022/2023**

**Medical Information and Release Form**

Please use separate form for each child in your family

Name of Daughter/Son: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
 Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Primary Parent for contact: \_\_\_\_\_ Secondary Parent for contact: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Home/work/cell Phone: \_\_\_\_\_ Home/work/cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*For primary parent-I prefer to be contacted by email, text message or cell phone call (circle one)\*\***

Mailing Address: \_\_\_\_\_  
 Child Cell Phone: \_\_\_\_\_ Church Home: \_\_\_\_\_  
 Child Email: \_\_\_\_\_  
 Medicines taking: \_\_\_\_\_ Medicine Allergies: \_\_\_\_\_  
 List all other known allergies: \_\_\_\_\_  
 Any further medical illnesses, conditions or restrictions: \_\_\_\_\_  
 Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_ Group #: \_\_\_\_\_ I.D#: \_\_\_\_\_

I/we authorize and grant permission to personnel of Immanuel Evangelical Church to furnish any necessary transportation, food and lodging for my child while participating in an authorized activity of Immanuel Evangelical Church. I/we also hereby grant permission for the proper treatment by a licensed physician and/or hospital should it be required. I/we expect that in such emergency situations every effort will be made to contact me (us).

I/we further give permission for any and all emergency and/or health care professional to release any and all medical information and/or PHI (Personal Health Information) as well as all information ordinarily protected and guarded under the provisions of HIPAA (Health Insurance Portability and Accountability Act of 1996) in order that the sponsor(s) my assist emergency and/or medical personnel in making decisions regarding the care and treatment of my/our child.

I/we consent to the release of this information, without signing of a HIPAA Certificate, with the understanding that permission is limited to the duration of this event.

Signing this agreement also allows pictures of your child to be posted online, in a newspaper or by any other means published for church purposes.

Signature of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contacts (If parents can NOT be reached) and/or people who have **permission to pick up your child** in case you are not able to:

Name:	Relationship:	Phone:	Emergency Contact	Pick Up Child
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Parents: THE PERSON(S) INDICATED ABOVE ARE THE ONLY ONES ALLOWED TO PICK UP YOUR CHILD WITHOUT FURTHER INSTRUCTION FROM YOU THE PARENT(S).**

**PLEASE READ & SIGN THE BACK SIDE OF THIS FORM**  
**DISCLAIMER**

Immanuel Evangelical Church (IEC) and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives, are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with IEC and all related activities associated with the IEC.

### ASSUMPTION OF RISKS

IN CONSIDERATION OF IEC allowing my child to participate in all events, activities, travel to such events and activities, and the IEC Youth Group Program, I acknowledge that I am aware of the possible risks, dangers, and hazards – including the possible risk of a severe or fatal injury - to my child that are associated with participation in IEC events, activities, travel and Youth Group Program.

### RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF Immanuel Evangelical Church allowing my child to participate in the activities, I agree on behalf of my child:

1. **TO ASSUME** and **ACCEPT ALL RISKS** associated with or related to my child's participation in the activities.
2. **TO WAIVE** and **RELEASE** Immanuel Evangelical Church from any and all liability for any loss, damage, injury or expense that my child may suffer,
3. **TO INDEMNIFY** and **HOLD HARMLESS** Immanuel Evangelical Church from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my child's participation in the activities.
4. **TO INDEMNIFY** and **HOLD HARMLESS** Immanuel Evangelical Church from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my child's participation in the activities.

### YOUTH PARTICIPATION CONSENT

Acknowledgment of Participant:

*I, the undersigned Participant, understand that I am solely responsible for my behavior, both positive and negative. I agree to act in a safe, responsible, and respectable manner. For the protection of myself and others, I will follow directions given by the IEC Youth Coordinator and/or volunteer leaders at all times while attending IEC youth sponsored activities and events both on and off IEC church grounds. Furthermore, I will promise to post only positive, Christian like pictures and videos to social media while attending IEC sponsored youth group events both on and off church grounds. I understand that I may be photographed or appear in a video for purposes deemed beneficial to Immanuel Evangelical Church.*

### Acknowledgment of Parent or Guardian of Participant:

*I, the undersigned parent or guardian of the Participant, hereby authorize and consent to the participant's involvement in the IEC Youth Group programs, and activities including any use of private or public transportation deemed necessary by the IEC Youth Coordinator and/or volunteer leaders for Participant travel to and from IEC Youth Group sponsored activities and events. In addition, I hereby authorize the IEC Youth Coordinator, directors, employees and volunteers to travel to the nearest suitable medical or hospital facility in the event that emergency or other medical treatment is not available at the site of an IEC sponsored activity or event both on and off the premises of Immanuel Evangelical Church. I hereby consent to and authorize such emergency or other medical treatment of the Participant as deemed necessary in the event of an accident, injury, or illness during the activities and events sponsored by the IEC Youth Program.*

I GIVE my permission for my child to be photographed or videoed for purposes to promote and market Immanuel Evangelical Church's Youth Program. I understand these pictures and videos may be submitted to any newspaper for publication, be posted to IEC's website and Facebook page, and/or used in a PowerPoint presentation.

I DO NOT give my permission for my child to be photographed or videoed for any event or activity sponsored by Immanuel Evangelical Church's Youth Program.

### ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

*This Consent, Authorization and Acknowledgment shall be effective until cancelled in writing by the parents.*

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18 years) Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Printed Name