

Complete Both Sides or Pages

SALKEHATCHIE SUMMER SERVICE 2008

Form for Participant and/or Parental/Guardian Consent to Participation Including a Release of Liability and Agreement to Indemnify, Medical Authorizations, and a Publicity Release

Participant's Name _____

Name you like to be called _____ Date of Birth _____ Age _____ Grade in School 07-08 _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Home Phone Number _____

Church _____ City _____ District _____ Pastor _____

Parents or Guardian – Please include area code with all telephone numbers.

Mother _____ Mother's Home Phone No. _____

Address _____ City _____ State _____ Zip _____

Business _____ Mother's Work Phone No. _____

Father _____ Father's Home Phone No. _____

Address _____ City _____ State _____ Zip _____

Business _____ Father's Work Phone No. _____

Other Responsible Person or Next of Kin (Adult)

Name _____ Relationship _____

Address _____ Phone No. _____

Physician's Name _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Health Insurance Information - Please fill in the information below, and attach a clear photocopy of your Health Insurance Card (front and back).

Health Insurance Company _____ Policy No. _____

Address _____ Phone No. _____

Health Insurance Agent _____

Health Information

Allergies _____

Recent Illness or Injuries _____

Medications you will bring to camp _____

Are there any other health conditions which we need to know about? _____

Date of last Tetanus Booster _____

(All participants MUST have a current tetanus inoculation within the past 10 years.)

Please complete BOTH sides.

PLEASE BE AWARE: SALKEHATCHIE SUMMER SERVICE INVOLVES EXPERIENCES WHICH HAVE CERTAIN RISKS AND HAZARDS ASSOCIATED WITH IT. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO, THE USE OF POWER AND HAND TOOLS, BUILDING REPAIR HAZARDS, NORMAL HOUSEHOLD HAZARDS, AND INFECTIOUS DISEASES.

CONSENT FOR PARTICIPATION, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I/we hereby give approval for _____ (Participant's Name) to attend and participate in Salkehatchie Summer Service during 2008. In consideration for me or my youth participant being allowed to attend and participate in this activity, I/we, for myself/ourselves and on behalf of my/our child, **KNOWINGLY AND FREELY ASSUME ALL RISKS AND HAZARDS** related to the Salkehatchie Summer Service activities including, but not limited to, transportation to and from the Salkehatchie Summer Service camp and service sites, **EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE ENTITIES AND PERSONS RELEASED FROM LIABILITY BELOW**, and **ASSUME FULL RESPONSIBILITY FOR PARTICIPATION** in Salkehatchie Summer Service; further, I/we, for myself/ourselves and on behalf of our child and my/our heirs, do **HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS** the South Carolina Conference of The United Methodist Church and its trustees, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, chaperons, and other support staff persons for the Salkehatchie Summer Service (collectively referred to hereinafter as the "Releasees"), **WITH RESPECT TO ANY LOSS, INJURY, OR OTHER DAMAGE** to me/us and my child arising out of or in any way related to activities at Salkehatchie Summer Service including , but not limited to, transportation to and from the Salkehatchie Summer Service camp and service sites, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, except that which is the result of willful or wanton misconduct. I/we further agree to **INDEMNIFY AND HOLD HARMLESS** the Releasees from any claims, losses, injuries, or other damages related to or arising from the above named participant's attendance or participation in Salkehatchie Summer Service including, but not limited to, any claims submitted by or on behalf of the participant. **I/WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

MEDICAL AUTHORIZATION

TO: THE ATTENDING PHYSICIAN AND/OR HOSPITAL

I/we hereby authorize reasonable and necessary medical care, including, but not limited to, any emergency surgical procedure or hospitalization deemed necessary by a qualified and licensed physician for the welfare of the above named participant until such time as you are able to reach me/us personally.

CONSENT TO DISCLOSE MEDICAL INFORMATION

I/we further authorize the Releasees and their authorized representatives to disclose any health-related information of the above named participant to any healthcare provider.

PUBLICITY RELEASE

In consideration for the participant being allowed to attend and participate in this activity, I/we, for myself/ourselves and our child, hereby authorize the Releasees to record the participant's picture and voice on or in photographs, films, audiotapes, and/or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising, and hereby release, discharge, and hold harmless the Releasees from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

I/WE HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

In witness whereof, I/we have executed this form on the date indicated below.

Date _____	Participant's Signature _____
Date _____	Signature of Father/Guardian _____
	Printed Name of Father/Guardian _____
Date _____	Signature of Mother/Guardian _____
	Printed Name of Mother/Guardian _____

Completion of this form is necessary for participation in Salkehatchie Summer Service.

**THIS FORM MUST BE SIGNED BY THE PARENT(S) OR GUARDIAN(S)
IF THE PARTICIPANT IS A MINOR.**