

This medical release will cover your child in St. Martin's Youth Ministry (SMYM) activities that last for up to two nights. Examples of such events include weekly youth group meetings and weekend retreats. Longer trips will require a new release. **Every person participating in SMYM activities MUST have a release.**

**St. Martin's Youth Ministry
August 2009- August 2010**

Student Name _____ Grade _____ SSN _____
Home Address _____
Home Phone _____ Email _____
Parent/ Guardian Name(s) _____ Cell Phone _____
If unavailable in emergency, notify _____
Phone Number _____ Relationship: _____

I hereby give my permission for my child, _____ to attend St. Martin's Episcopal Church Youth Ministry events. I (we) understand that in the event that medical treatment is required, every effort will be made to contact me, however, if I cannot be reached, I give my permission to Eric Moen, Julie Antill, or Barry Moore, to secure any and all emergency medical care including anesthesia for my child in the event I cannot be reached by telephone. I further agree to accept full responsibility for any accident or illness incurred by my child at this event, and I will not hold responsible St. Martin's Episcopal Church, its officers, its staff, or any of the sponsors of this event for the accident or illness. In the event that I cannot be reached by telephone I authorize St. Martin's Episcopal Church staff, sponsors, officers of this event to contact Eric Moen, Julie Antill, or Barry Moore, who I have fully authorized and empowered any and all necessary decisions for my child's well being. I agree to reimburse St. Martin's Episcopal Church, its staff, officers, and sponsors of this event for the cost of any and all medical treatment for my child. I also understand that if my child is caught with alcohol, drugs, or any weapons of any kind, he/she will be sent home immediately at my additional expense.

INDEMNITY AND GENERAL RELEASE

WHEREAS, I, the undersigned, my child or children and/or my guest have registered to participate in the YOUTH MINISTRIES program and other related activities from August 2009 through August 2010 (the "Youth Ministries Program") at St Martin's Episcopal Church, 717 Sage Road, Houston, Texas 77056;

WHEREAS, I have agreed to provide this release and indemnity.

NOW THEREFORE, PREMISES CONSIDERED, which premises form a part of this agreement, I _____ do hereby release, indemnity and hold harmless the Church, and each of its officers, vestry members, agents, employees, and clergy (collectively the "Church") from and against any claim, liability (including negligence) or cause of action, INCLUDING ANY CLAIM, LIABILITY OR CAUSE OF ACTION RELATING TO THE NEGLIGENCE OF THE CHURCH, relating directly or indirectly to any claim, cause of action or liability I, any child of mine, or guest of mine may have or assert against the Church relating to participation in any program or other activity, conducted in or relating to, the Youth Ministries Program.

Custodial Parent or Legal Guardian Signature: _____ Date: _____

Relationship to Participant: _____

Allergies to medications and reaction _____

Other Allergies _____

Chronic/ongoing conditions _____

Dietary Restrictions _____

Medications sent with participant _____

Are there any over the counter medications that the participant **should not** receive if any minor symptoms develop? (i.e. Tylenol, Advil, Kaopectate, etc.) _____

Insurance Co. _____ Policy# _____ Group# _____

Insurance Co. Ph# _____

I have secured to this medical release a photocopy of both sides of my/my child's insurance card.

**Please return to Aleeta Brashear, St. Martin's Episcopal Church, 717 Sage Road, Houston TX 77056
Or fax to 713/622-5701 ATTN: Aleeta Brashear**