

Youth for Truth INT., My City Youth Center Parental Consent and Release of Liability:

1. RELEASE OF LIABILITY:

I understand that the opportunity to attend YOUTH FOR TRUTH INT. (YFT) My City Youth Center activities is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children. I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational and adventure activities and games (skate/scooter/bike Park, basketball, volleyball, baseball, weight training, martial arts, dance, etc. Various on and off site events and sport games: basketball travel team games, beach trips, biking, skiing, kayaking, horseback riding etc.). I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware. I understand that all reasonable precautions will be taken at all times by YFT and its partners during adventure events and activities. However, I understand that adventure ministry activities carry with them certain risks and that minor injuries such as scrapes, cuts, bruises are a normal part of adventure and activities. I understand that the equipment and methodology used during adventures and activities is designed to help prevent major injuries and/or death while taking part in the activities but cannot totally eliminate these possibilities. By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release YOUTH FOR TRUTH INT., including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in YOUTH FOR TRUTH INT./MY CITY YOUTH CENTER activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

2. AUTHORIZATION FOR MEDICAL TREATMENT

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives YOUTH FOR TRUTH INT. and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered. IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER IF I CANNOT BE REACHED, I HEREBY GIVE YOUTH FOR TRUTH INT. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE YOUTH FOR TRUTH INT., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES. I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in YOUTH FOR TRUTH INT. activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold YOUTH FOR TRUTH INT. including its affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all YOUTH FOR TRUTH INT. activities.

3. MEDIA RELEASE

I hereby grant permission to YOUTH FOR TRUTH INT. the right to use, reproduce, and/or distribute any photographs, film, video, and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purpose of promoting the future activities of YOUTH FOR TRUTH INT. also reserves the right to use and reproduce any artwork or other created work (writings, music, etc.) produced by my child (or me) for the purpose of promoting the future activities of YOUTH FOR TRUTH INT. and MY CITY YOUTH CENTER.

4. BEHAVIORAL AGREEMENT

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not limited to the possessions and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) YOUTH FOR TRUTH INT. will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

MEDICAL INFORMATION

Any medication brought to a program/event must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

Participant/Child Name (Print): _____

Participant/Child Signature: _____

Age: _____ **Grade:** _____ **School:** _____ **Date:** _____/_____/_____

Siblings attending My City Youth Center: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Contact #:(_____) - _____ - _____ **Date:** _____/_____/_____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Contact #:(_____) - _____ - _____ **Date:** _____/_____/_____

Child Release: (Mark all that apply)

I will drop off/pick up my child

My child has permission to walk to and from My City Youth Center

If the above adults are unable to pick up my child, I authorize release of my child to the following:

All adults must show photo I.D. to pick up your child. Please have it ready.

Youth for Truth INT. /My City Youth Center Information Form (revised 9/16/16)

Students Name: _____ Date: ____/____/____
D/O/B: ____/____/____ Male Female Contact#: (____)-____-____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

This information helps YFT get grants so we can help more kids:

You may refuse this box by checking here

Is a female head of household? Yes No Do you rent or own place of residence? Yes No

What ethnicity are the members of your household and how many?

Asian # ____ Black/African American # ____ Hispanic # ____ Native American # ____ White # ____
other (please describe): _____ #: _____

Who to contact in case of emergency:

Emergency Contact 1:

Name: _____ Relationship: _____
Contact#: (____)-____-____ Alternate Contact#: (____)-____-____

Emergency Contact 2:

Name: _____ Relationship: _____
Contact#: (____)-____-____ Alternate Contact#: (____)-____-____

Medical Information:

Physician's Name: _____ Phone #: (____)-____-____
Insurance Co.: _____ Policy Number: _____

Health History: (Check all that apply)

- Frequent ear infections Heart disease/defect Seizures Diabetes Bleeding/clotting disorders
- Hypertension Psychiatric treatment Asthma Sleepwalking Athlete's foot Mononucleosis
- Chicken Pox Measles German measles Mumps
- Other: _____

Immunizations: (Check all that apply)

- Yes No DPT (series of 3)
- Yes No Polio Immune
- Yes No MMR (Measles, Mumps & Rubella)

Allergies: (Check all that apply)

- Hay fever
- Insect Stings
- Penicillin
- Aspirin
- Food: _____
- Other: _____

Fears/Anxieties:

Current Medications: (Please include dosage)

Attach any other medication information as necessary. All medication must be in original container.

Other Health History:

Verification of Information:

I verify that all the information communicated about my child above is true and current. I do not hold YFT or their volunteers or ministry partners responsible for errors in this information.

Parent/Guardian Signature

Date

***Note:** All information will need to be updated within a year of application

The following is for a supervisor/volunteer to complete

Checklist for Supervisor:

- Child Photo taken for Identification
- Completed form
- Valid for 1 Year:** ____/____/____ - ____/____/____
- Parental consent verified by: _____
- Photo attached
- Information recorded to digital records

Extra Notes:
