

First Congregational Church of Darien
Liability & Emergency Release Form
Youth Group Sponsored Activities 2009-10

• • • • • **Liability Release Form** • • • • •

I hereby give permission for my son/daughter _____ to participate in the 2009-10 Youth Group activities and events. In consideration of permitting my son/daughter to participate in these events, I hereby agree to indemnify and hold the First Congregational Church of Darien, CT, and the employees and agents harmless from any and all liability as a result of my child being injured. I acknowledge that my child may travel by car and assume all risks in connection herewith.

Parent(s) Name: *(please print)* _____

Signed: _____ Date: _____

• • • • • **Medical Release Form** • • • • •

In the event I/we cannot be reached during a medical emergency or following any accident I authorize the staff of the First Congregational Church of Darien to act in my/our behalf in carrying out the best treatment possible in consultation with my child's attending, Board Certified and licensed physician at an accredited medical facility.

Signed: _____ Date: _____

Physician's Name: _____ Phone: _____

• • • • • **Treatment Waiver** • • • • •

I DO NOT give consent for any emergency medical treatment for my child. In the event of illness or medical emergency requiring treatment, I wish the First Congregational Church of Darien staff to do the following: _____

Signed: _____ Date: _____

• • • • • **Internet Waiver** • • • • •

I do _____ do not _____ give permission for my child _____ to be photographed during Youth Group Activities. It is possible that some of these photos will be used in church publicity, on the Church web site, or in the newspaper with their names.

Signed _____ Date: _____