



Release Form for Guests of St. Michael's Youth Ministry Events



Return to: Youth Advisory Committee, 647 Dundee Ave., Barrington, IL 60010
Or email to youth@stmichaelsbarrington.org

Event _____ Date _____

Participant Name (please print) _____
Gender _____ Date of Birth _____
Parent/Guardian Name _____
Home Phone No. _____
Parent/Guardian Cell Phone No. _____
Parent/Guardian Email _____
Address _____
City, State, Zip _____
Parish/Church (if other than St. Michael's) _____

Emergency Contact (other than above parent/guardian)

Name (please print)	Relationship	Primary Phone Number

Please list any special medical concerns (that might limit participation or be important in an emergency), dietary restrictions, or other important notes we should know about you child below.

Permission to receive OTC medications: I give my permission for my child to receive over the counter medications from adult leadership at events, such as Tylenol, ibuprofen, cough drops, Mylanta, etc., unless listed above. **Parent/Guardian Initials** _____

Parent/Guardian Authorization for Health Care: I give permission, to the provider, selected by the church, to order x-rays, routine tests, and treatment related to the health of my child in emergency/urgent situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with youth leadership.

Parent/Guardian Initials _____

Photo/Video Publicity Release Statement: Yes No

I give my permission for photographs or video footage of my child to be used by St. Michael's Episcopal Church for promotional purposes (Brochures, website photos, promotional videos, social media, etc.) *No names are used for promotional photos/videos*

Transportation Release: I give full permission for my child to be transported to this event, if off-site, riding in approved vehicles, with approved drivers from St. Michael's.

Parent/Guardian Initials _____

Parental Consent: I give full permission for my child to attend and fully participate in this event, hosted by St. Michael's Episcopal Church's Youth Ministry. I have also read the below Teen Consent and believe that my child is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

Parent/Guardian Initials _____

Waiver of Liability: I agree to hold St. Michael's Episcopal Church and any associated agencies and persons free and waive any claims for payment for accident, injury, disability, or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activities.

Parent/Guardian Initials _____

Teen Consent:

In order to maintain a physically, emotionally, and spiritually safe space for all participants of this event, I agree to actively participate in all parts of the event (as able) and abide by the following community standards:

1. I will respect and follow the rules for the event.
2. I will respect the physical property of the facility, and the property of each person at the event.
3. I will remain on the premises and be an active participant in all scheduled activities for the event.
4. I will wear appropriate clothing.
5. I will not enter any designated sleeping areas other than my own.
6. I will not engage in sexual behavior, including sexual misconduct, sexually explicitly communication, or harassment.
7. I will not use or be in possession of alcohol, illegal drugs, or tobacco.
8. I will not bring anything that could be considered a weapon, such as firearms, knives, pocketknives, or fireworks.
9. I will not participate in acts of violence, aggression, or fighting.

By signing below, I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am attending, I understand that there will be consequences, which may include my being sent home at my own expense and without refund.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____