ACTIVITY PARTICIPATION AGREEMENT*

Annual Release, Consent, and Medical Authorization Form

>TO BE RENEWED WHEN INFORMATION CHANGES OR ON SEPTEMBER 1 OF EVERY YEAR<

for Timonium Presbyterian Church ("TPC") Youth Ministries

303 West Timonium Road, Timonium, MD 21093 ◆ (410) 252-5663 ◆ Fax: (410) 252-5764 ◆ youth@timpca.org

As the parent or legal guardian of_____(hereinafter "Participant"), I give my permission for the Participant to participate in on and off campus activities and/or events with Timonium Presbyterian Church's Youth Ministries ("TPCYM"). This *Activity Participation Agreement* is valid from **September 1, 2016-August 31, 2017**, unless otherwise modified in writing. I give permission for the Participant to travel in connection with TPCYM activities and/or events with a designated leadership team member of TPC who has undergone TPC's driver's screening process.

Today's Date:_____

Participant's Full Name:_____M/F:_____D.O.B:_____Age:_____Grade:_____

Parent's/Guardian's Name (*printed*): _____

Cell Phone 1:_____Cell Phone 2:_____Home Phone:_____

Address:_____City, State, Zip:_____

E-mail Address:_____What Church do you attend?:_____

Alternate Emergency Contact Name, Phone #, and Relationship:_____
(A designated adult we can contact in case we cannot reach a parent/guardian.)

Allergies and Medications (*Prescription and OTC*):_____Date of last Tetanus shot:_____

Medical Conditions/Restrictions (*Physical or emotional*): _____

Special Instructions/Needs (*Use back if necessary*):_____

GENERAL MEDIA RELEASE/CONSENT

(Please Check One Box - If a box is not checked, it will be assumed you give permission for the Participant's image to be included in communications from TPC.)

☐ I **DO** give my consent to TPC to include the Participant's name/voice/likeness in promotional photographs and/or video obtained during any TPC activities and/or events.

☐ I **DO NOT** give my consent to TPC to include the Participant's name/voice/likeness in promotional photographs and/or video obtained during any TPC activities and/or events.

DISCIPLINARY RELEASE

I agree to pay any and all expenses, including the cost of the Participant being sent home early, if disciplinary action is deemed necessary while the Participant is participating in TPCYM.

RELEASE AND MEDICAL AUTHORIZATION

I hereby confirm that I have legal custody of (or legal authority for) the minor Participant named above and have the legal authority to grant the permissions contained herein. The Participant has my consent to participate in **Timonium Presbyterian Church Youth Ministries ("TPCYM")**, 303 West Timonium Road, Timonium, MD, 21093 from **September 1, 2016-August 31, 2017** and to travel with a designated leadership team member. I hereby release and promise to indemnify, defend, and hold harmless Timonium Presbyterian Church ("TPC"), as well as its agents, employees, staff, and volunteers from and against any and all liability arising from claims of any kind or nature whatsoever arising from the Participant's participation in TPCYM. In the event that any serious injury should occur involving the Participant, I wish for TPC's representatives to take all reasonable steps to notify me immediately of the incident. If I am inaccessible for any reason, I give TPC's representatives my permission to secure any medical/surgical attention/treatment that is deemed appropriate for the Participant, including, but not limited to medical or surgical diagnosis and/or treatment or other necessary hospital care for the Participant at any hospital or medical facility. This consent authorizes duly licensed physicians, dentists, EMTs, technicians and/or nursing staff to render the diagnosis, treatment, or care they deem advisable for the Participant in the exercise of their best professional judgment. I also understand I am financially responsible for all costs associated with any and all such medical/dental services rendered.

Participant's Primary Physician:_____Phone Number:_____

Participant's Dentist:_____Phone Number:_____

Insurance Provider and Participant's ID or Group Number/Name of Policy Holder:_____Exp. Date:_____

Parent's/Guardian's Signature**:_____Date:_____

Annual Renewal Section:

Having previously completed the above ***2015-2016 Activity Participation Agreement***, I hereby confirm the information provided above is accurate and remains unchanged. In signing below, I also hereby acknowledge and reaffirm my acceptance of and agreement to the *Activity Participation Agreement's* terms and provisions without exception for each renewal period stated below:

Sept. 2017-August 2018 Renewal: Parent's/Guardian's Signature**:_____Date:_____

Sept. 2018-August 2019 Renewal: Parent's/Guardian's Signature**:_____Date:_____

**A copy of this form is as legally valid and binding as the original. It will remain on file as needed.*
***Only one signature is required.*