

Youth Interfaith Council
Health Information/Release of Liability/Consent to Treat
2017-2018

Teen First Name _____ Teen Last Name _____

Address _____ City/State/Zip _____

Name of Parent(s)/Guardian(s) _____

Home Phone _____ Work Phone _____

Mother Cell _____ Mother Email _____

Father Cell _____ Father Email _____

Teen Cell _____ Teen Email _____

Emergency Contact Name (If parents cannot be reached) _____ Phone _____

Insurance Company _____ Policy Number _____

ID# _____ Adult/Youth (please circle) Grade _____

Birth Date _____ Male/Female (please circle)

Allergies to drugs or foods _____

Do you have any special dietary needs or restrictions? _____

List any medical or physical conditions preventing teen from walking the 4 miles of this event.

Special medications or pertinent medical information: _____

____ (Parent Initial) I acknowledge that this is a physical activity, and that my teen will be walking about 4 miles, rain or shine, and that my teen must wear socks and sneakers/sturdy walking shoes.

____ (Teen Initial) I acknowledge that this is a physical activity, and that I will be walking about 4 miles, rain or shine, and that I must wear socks and sneakers/sturdy walking shoes.

Teens may have limited use of cell phones for a portion of the night, and all items must be carried by the individual for the entire evening. (Sleeping bag, cardboard box, etc.)

I give consent for the use of the above personal/medical information if emergency medical care of treatment shall become necessary.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

Date _____ Teen Signature _____

(over)

**Youth Interfaith Council
Solidarity Sleep Out**

Sunday, October 8 – Monday, October 9, 2017

**WAIVER, RELEASE OF LIABILITY
AND HOLD HARMLESS AGREEMENT**

First Name (Teen) _____ Last Name _____

We, _____ and _____
(hereinafter “Parents” or “Legal Guardian,”) request that our daughter/son, (circle one) be involved in the Youth Interfaith Council Solidarity Sleepout on Sunday-Monday, October 8 – October 9, 2017.

We hereby grant our permission for our child to attend all activities associated with this event, including walking from church to church (about 4 miles) through the towns of Chatham Borough and Chatham Township. and we freely and knowingly provide this WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT in order to accomplish this purpose.

The Parent’s or Legal Guardian’s agreement to indemnify specifically includes any and all claims, damages, losses and/or expenses resulting from bodily injury or property damage, sickness, disease or death or injury to or destruction of tangible property caused in whole or in part by the negligence of a party indemnified hereunder. The Parents’ or Legal Guardian’s insurance is primary over all other available insurance.

In signing this release, I acknowledge and represent that I have read the WAIVER, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT, understand it and sign it voluntarily as my own free act; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

I do/don’t (please circle) give permission for my child’s picture to appear on a Chatham Church web site or in the local newspaper. All pictures will be in groups, and no names will be printed or given out through the web page.

Date

Applicant Signature (If at least 18 years of age)

Date

Parent or Legal Guardian Signature

(over)