

BETHESADA-BY-THE-SEA YOUTH GROUP ACTIVITY RELEASE FORM

**The Episcopal Church of Bethesda-by-the-Sea
Palm Beach, FL**

Name of Event_____

Date of Event_____

Parent/Guardian Release and Consent Form

We cannot allow anyone to participate in this event without a signed release form.

Name of Youth:_____ Youth's E-mail_____

Address_____ Phone #_____

In case of an emergency, please notify_____

Are there any limitations to the activities in which your child can participate?

Yes_____ No_____ If yes, please explain_____

I, _____, give permission for my son/daughter _____ to participate on the (name of event _____) I give permission for my daughter/son to be transported in privately owned and/or public vehicles/public transportation to and from Bethesda-by-the-Sea to the event. I understand that the group may stop off on the way to have something to eat.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of my child. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated by licensed medical personal. In addition, I give permission for the release of any medical records and personal information to medical personnel in case of illness.

I hereby release the Bethesda-by-the-Sea, a Corporation Sole, its agents, servants and employees and all priests incardinated to the Episcopal Church, Florida Southeast Diocese, in addition to Bethesda-by-the-Sea Parish staff and/or volunteers that work with youth ministry, from any and all liabilities for personal property incident to this event and any aforementioned medical care and treatment which is provided.

I have read the foregoing and understand the same.

Parent/Guardian Signature_____ Date_____