



Cedar Valley-Nauvoo Mission Center **YOUTH**  
Discipline, Liability, Medical & Photo Release Form

*Please print clearly*

*Revised 4/1/2015*

**Name of Event:** \_\_\_\_\_ **Staff:** \_\_\_\_\_ **Participant:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Person(s) allowed to pick up participant from event:** \_\_\_\_\_

**In case of an emergency, and parent/legal guardian cannot be reached, please contact:**

**Contact 1:** \_\_\_\_\_

**Contact 2:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Medical Information:**

**Insurance Carrier:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Participant's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of last tetanus shot:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Medication(s) & Dose(s):** \_\_\_\_\_

**List any specific information that the event director/staff should know about the participant's health:** \_\_\_\_\_

**Permission for Medical Treatment:**

I, the parent/legal guardian, do hereby authorize the event director/staff, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while at this event or any associated off-site events.

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please refer to backside of form for additional items requiring signature/approval***

**Photo Release:**

I, the parent/legal guardian, do hereby give my consent and authorize Community of Christ, its successors, heirs, legal representatives, assigns, and agents to use and reproduce the participant's name, voice and/or likeness (photographic, illustrative, audio or video tape, film or electronic and/or digital image), and circulate and use the same for any and all official resources, use, or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the Internet/World-Wide Web. Consideration is hereby waived in perpetuity, and no further claim of any nature whatsoever shall be made by me, my heirs or assigns. Community of Christ has made no representations concerning the use hereof to me.

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent and Liability Release:**

I, the parent/legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this event and any associated off-site events. The participant identified on this form and I, the parent/legal guardian, understand that all participants are expected to abide by the event rules and be directly responsible to the event director/staff. The event director/staff assume responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, require the participant to leave. In such an instance, I, the parent/legal guardian, will assume full responsibility for returning the participant to his/her home.

I, the parent/legal guardian, acknowledge and am aware that this event may involve hazards and risks, including those associated with the transportation of the participant to any activities (on-site and/or off-site) and back, which I am prepared to accept on behalf of the participant. Accordingly, as part of my decision to allow the participant to attend this event and all associated activities, I hereby release Community of Christ (including its officers, employees, agents, assigns, and affiliates) from any and all liabilities with the respect to injury, sickness, disease, death, or damage as a result of participation in this event and all associated activities. This release applies to any and all liabilities to me, the participant, either of our estates of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind.

Further, I, the parent/legal guardian, understand that the participant may receive a physical examination upon arrival at the event. My consent and signature, as parent/legal guardian, are given below. I have read and agree to the information given in its entirety on this form.

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form MUST BE presented at registration for all event participants (adult and youth) attending Community of Christ/Cedar Valley-Nauvoo Mission Center events; WITHOUT EXCEPTION.**

**Community of Christ/Cedar Valley-Nauvoo Mission Center cannot allow anyone to attend events/activities without completing and submitting this form!**