

First Chinese Church of Christ in Hawaii  
Youth Activities Consent, Waiver, and Release Form

I/We, \_\_\_\_\_, hereby give permission for \_\_\_\_\_ to participate in all First Chinese Church of Christ Youth Activities from January 1, 2013 through December 31, 2013. I/We understand these activities will include, but not be limited to, outings at the beach, movie nights, community service in various areas, music practice, overnight stays at the church or a church member's home, and outdoor camping. I/We also understand that adequate notification of First Chinese Church of Christ Youth Activities will be given.

I/We also understand that First Chinese Church of Christ will have adequate adult supervision at every event. The adult chaperones will also provide transportation for each outing which is held outside of the church. Each adult supervisor will be a licensed and insured driver.

I/We hereby release and agree to hold harmless and indemnify the First Chinese Church of Christ, its employees, officers, directors, volunteer leaders, and/or chaperones from any and all liability for any damages to personal property and for any bodily harm or injury to \_\_\_\_\_, arising out of any participation in youth activities.

I/We also agree to give permission for my/our child to receive medical treatment in case of an emergency and as deemed necessary by a physician, surgeon, dentist, medical practitioner or medical facility fully licensed to practice medicine by the appropriate authorizing agency. I/We also agree to be fully responsible for any costs associated with such care. I/We understand that this authorization is given in advance of any specific diagnosis or treatment.

By signing below I/we give consent and agree to the above terms. This form will remain in effect for the dates listed above or until expressly revoked in writing.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Participant's Medical Information

Youth's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Medical Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital/Emergency Room: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies or reactions to drugs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information the medical professionals should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

## Miscellaneous Information

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