

FEET ON THE STREET MINISTRIES

Church Address: 405 N. Front St., Reading, PA 19601 • Phone: 610-777-3791
Mailing Address: 108 Mesa Drive, Reading, PA 19608

PARENTAL CONSENT AND LIABILITY RELEASE FORM

PARTICIPANT'S INFORMATION:

Participant's Name _____ Age _____ Birthdate _____

Address _____

Parent/Guardian
Name(s) _____

Home Phone # _____ Cell Phone # _____

Emergency Contact
Name _____ Phone _____

MEDICAL INSURANCE INFORMATION:

Medical Insurance Company or
Plan _____

Policy or Member

ACTIVITY INFORMATION:

Name of
Activity _____

Date of
Activity _____

Location of
Activity _____

PARTICIPATION AGREEMENT:

I do hereby give consent for my child to attend and participate in the above-named activity.

I understand that participation in the activity involves risk to my child and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, emotional injury, death, personal injury, property damage, and financial damage. I understand it is my responsibility to inform the staff of Feet on the Street Ministries of any medication my child needs to take during the activity.

I understand that in the event medical intervention is needed every attempt will be made by the activity leaders to contact me or the emergency contact I listed above. If I or my emergency contact cannot be reached in an emergency during the activity or if life-saving measures are needed immediately, I hereby give my permission to the physician or dentist selected by the activity leaders to secure medical treatment deemed necessary for my child including, but not limited to, hospitalization, x-ray examinations, injections, surgery, and anesthesia. I understand that my medical insurance will be used as primary coverage in the event that medical intervention is needed.

In consideration of the opportunity for my child to participate in this activity, I acknowledge and accept the risks of injury associated with participation in the activity. I accept personal financial responsibility for any injury or loss sustained during the activity, as well as for any medical treatment rendered to my child.

Further, I release and promise to indemnify, defend, and hold harmless Feet on the Street Ministries and all of its staff persons and Board Members for any injury arising directly or indirectly out of the activity, whether such injury arises out of the negligence of my child, Feet on the Street Ministries staff persons or otherwise. I understand all reasonable precautions will be taken at all times during the activity by the staff persons involved.

Parent/Guardian Signature

Date