

**Bethany Presbyterian Church**  
**Authorization to Participate, Waiver, and Medical Release Form**  
**Bethany Presbyterian Church Youth Ministries June 1, 2024-May 31, 2025**

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Student's Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Cell \_\_\_\_\_ Gender \_\_\_\_\_ Pronouns \_\_\_\_\_.

School \_\_\_\_\_ Grade for School Year 24-25 \_\_\_\_\_

**Parent / Guardian Contact Information:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Emergency Contact Information (not parents):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Medical Information:**

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies, including drug reactions \_\_\_\_\_

Dietary restrictions (vegetarian, vegan, gluten free, etc.) \_\_\_\_\_

Regular Medications \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

If applicable, are there any problems with menstruation? \_\_\_\_\_

Has the participant been fully vaccinated from COVID 19 by the first date of the trip? \_\_\_\_\_

**Authorization, Waiver and Release**

With the signature(s) below, permission is hereby granted for \_\_\_\_\_ (participant) to participate in the Bethany Presbyterian Church and its affiliated organizations (collectively "BPC") and any activities conducted by BPC. This permission extends to any travel to and from any and all BPC organized or sanctioned activities.

This permission is granted without reservation and the signature below indicates a knowing, voluntary release of any claim which might be asserted against BPC, its officers, employees, volunteers, sponsors, chaperones, designated drivers, volunteers, and any other agents representing BPC. By waiving any right to assert a claim, I am agreeing to release, absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant. My waiver expressly means that I, participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of BPC, including any travel to/from activities sponsored and arranged by BPC.

**Medical Release Statement:**

\_\_\_\_ (Please Initial) I, hereby, represent that, to the best of my knowledge, participant is physically fit and capable of taking part in such activity. Participant shall agree to abide by the rules and regulations governing BPC and any of its activities and to obey any instructions given by the person or persons having supervision and control over the activity. This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary in the judgment of the person or persons having supervision and control over the activity for participant, including transport to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition (s):

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**COVID Safety:**

\_\_\_\_(Please Initial) I, hereby, acknowledge that COVID-19 is a real and potentially harmful virus. If symptoms of COVID-19 are present students may be tested for COVID and a family member may be asked to pick the participant up from the trip early. I understand the risks associated with participation and waive all liability arising from COVID related illness, testing, or trip interruption.

**Photograph Release:**

\_\_\_\_ (Please Initial) I, hereby, authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of any and all activities of BPC, participant's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that participant otherwise might have to limit or control such making or use.

I have read this Authorization to Participate, Waiver, and Medical Release Form, acknowledge that I understand it and agree to be bound by it.

Dated \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Dated \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Dated \_\_\_\_\_ Participant Signature \_\_\_\_\_