

**Bring Original Form
and 2 copies to Site.**

2011 YouthWorks Release Form
(To be filled out by both Students and Adult Leaders)

Name of Participant (please print) _____

Sponsored by (Church or Organization Name) _____

Name of Site _____ **Week Attending** _____

Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release YouthWorks!, Inc., its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the YouthWorks organization. I understand that during the week participants may be photographed or video taped for promotional materials.

Transport Home Agreement for Students

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks, or are of legal consenting age myself. I/we understand that a member of the YouthWorks staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. YouthWorks or the lead adult of our group will attempt to contact the parent or guardian to arrange such transportation.

Medical Release Agreement

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks!, Inc., or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize _____, the lead adult of our group, or a member of the YouthWorks staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Full Name _____ **Date of Birth** ____/____/____

Home Address _____ **Phone** _____

Date of Last Tetanus Shot _____ **Known Allergies** _____

Date of Last Tuberculosis Test* (if applicable) _____ **Positive or Negative** _____

Current Medications or Health Conditions _____

Please attach a copy of your insurance card to this form.

**We are not requiring participants to get Tuberculosis testing. However, leaving this area blank may prevent participants from serving with some ministry partners. If testing has occurred, please indicate the date.*

Emergency Contact Information

1) _____
Relationship to Participant _____
Home Phone _____
Work Phone _____
Cell Phone _____

2) _____
Relationship to Participant _____
Home Phone _____
Work Phone _____
Cell Phone _____

Insurance Information

Name of health insurance company _____
Health insurance policy number _____
Phone/address of health insurance company _____
Name of policy holder _____
Policy holder's phone number _____

Participation on a YouthWorks trip is contingent upon compliance with all the policies stated on the previous page.

Liability Release
Transport Home
Medical Release

Participant/Adult Leader (Print) _____

(Signature) _____ Date _____

Parent/Guardian (1) (Print) _____

(Signature) _____ Date _____

Parent/Guardian (2) (Print) _____

(Signature) _____ Date _____