



Bryn Mawr Presbyterian Church
Youth Ministry
625 Montgomery Ave
Bryn Mawr, PA 19010

Youth Medical Emergency and Image/Name Release Form

NAME OF EVENT: BMPC Youth Hayride and Corn Maze

DATE: October 23, 2011, 2 – 5:30 PM

Participant's Last Name _____ Participant's First Name _____

Participant's Date of Birth (MM/DD/YYYY) _____ Current Grade in School _____

Parent(s)/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

Home Address _____ City _____ State _____ Zip _____

Secondary Emergency Contact Name _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

MEDICAL EMERGENCY RELEASE:

I desire my child to participate in the Bryn Mawr Presbyterian Church Youth Hayride and Corn Maze described herein ("the activity"). I recognize that there are risks involved in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my child's participation in this activity. I understand and agree that neither Bryn Mawr Presbyterian Church nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to my child as a result of their participation in this activity and hereby release Bryn Mawr Presbyterian Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage, or death, which may occur while my child is participating in this activity. To the fullest extent permitted by law, my child and I agree to save and hold harmless Bryn Mawr Presbyterian Church, its trustees, officers, directors, employees, agents and representatives from any claim by my child or myself, my estate, heirs, successors, assigns or other persons arising out of my child's participation in this activity.

I authorize Bryn Mawr Presbyterian Church through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for my child as may be necessary should any injury, harm or accident occur to my child while participating in this activity.

I understand and acknowledge that Bryn Mawr Presbyterian Church does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my child's participation in this activity.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Parent(s)/Guardian Name (*signature*): _____ Date: _____

Student is allergic to the following drugs: if none, so state: _____

Student has the following medical condition; if none, so state: _____

IMAGE/NAME RELEASE:

Bryn Mawr Presbyterian Church staff members may wish to photograph, videotape, or otherwise record the activities of the Youth Program participants for the purpose of promoting the Youth Program. We may also publish your participant's name, grade, and image on Church related publications.

I give permission for my child in the Youth Program to be videotaped, photographed, and/or recorded, in connection with the Youth Program. I give permission for Bryn Mawr Presbyterian Church to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, CDs, DVDs or other media, for publicity purposes or in any other non-commercial manner that it chooses.

I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Parent(s)/Guardian Name (*signature*): _____ Date: _____