



# YOUTH CHURCH ACTIVITY WAIVER

*For all youth ministry activities*

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## Participant Information

Participant Name \_\_\_\_\_

Activity/Event \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Phone \_\_\_\_\_

## Medical Information

Known Allergies

\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions or Special Instructions

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Member/Policy Number \_\_\_\_\_

## Medical Authorization

Should my child require immediate or emergency medical care while participating in a Williamsburg Presbyterian Church activity, and I cannot be reached, I authorize Williamsburg Presbyterian Church to secure such medical treatment as deemed necessary by qualified medical personnel.

## Release of Liability

In consideration for the privilege of allowing my child to participate in the activity identified above, I release and hold harmless Williamsburg Presbyterian Church, its officers, employees, volunteers, and agents from liability for bodily injury, illness, or property damage arising from participation in the activity, except as prohibited by law.

I further agree to indemnify and hold harmless Williamsburg Presbyterian Church, its officers, employees, volunteers, and agents with respect to any claim asserted by or on behalf of my child arising from participation in the activity.

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**IMPORTANT:** By signing below, you acknowledge that you have read and agree to the Medical Authorization and Release of Liability sections above.

## Acknowledgement

I have read and understand this waiver, medical authorization, and release of liability.

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_