WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Northwest Presbyterian Youth Group

IN CONSIDERATION of my child,	_ being permitted to participate in Youth
Group Activities with vetted adult volunteers or staff involved in planning Group Leaders") and Northwest Presbyterian Church ("Northwest"):	g or participating in the trips (the "Youth
1. I give my express permission for my child to participate fully in the Yo	outh Group Field Trips.
2. I assume all risks of my child's participation in the Youth Group Field any special medical needs or conditions of my child*.	Trips, including any risk associated with
3. I, (print name of my child's heirs, personal representatives, and assigns, hereby harmless the Youth Group Leaders and Northwest from all liability causes of action that may accrue from any loss, damage or injury to from or arising in connection with or related to my child's participation	y, loss, claims, demands and possible person or property in any way resulting
It is fully understood that this means that the Youth Group Leaders personal injury is suffered by my child during the Youth Group Field T or stolen while the my child is on the Youth Group Field Trips, except and/or loss of or damage to property results from a grossly negligent to act or omission by the Youth Group Leaders or Northwest.	rips or if any property is damaged, lost, to the extent that such injury to person
4. Furthermore, I, on behalf of my child, as well as for myself hereby u Leaders and Northwest against any and all liability, loss or damage Northwest may be found liable as a result of claims, demands or judg arising from any act or failure to act on the part of my child during the	for which the Youth Group Leaders or gments against the them or any of them
It is fully understood that this means that if my child causes injury to person's property while on the Youth Group Field Trips, and the Youth pay an amount to that person, the indemnitees hereunder car Parent/Guardian.	th Group Leaders or Northwest have to
5. While the Youth Group Leaders will make every reasonable effort a Parent/Guardian in the event my child faces a medical emergency, P of the adult Youth Group Leaders to secure medical treatment by me any injury or illness suffered by my child, as may be necessary to stabinjury or affects of illness during whatever time on the Youth O Parent/Guardian for further instructions.	arent/Guardian hereby authorizes each edical professionals, at my expense, for oilize my child and to minimize additional
*NOTE: Special medical needs or conditions of my child include:	
I have made appropriate arrangements regarding such medical needs of	r conditions.
I HEREBY DECLARE THAT I HAVE READ THIS RELEASE AND INDEMNITY AGREEMENT AND ACCEPT THE SAME IN FULL ON BEHALF OF MYSELF, MY SPOUSE, MY CHILD, MY CHILD'S HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.	
Signature of Parent/Guardian	Date:

EMERGENCY CONTACTS AND MEDICAL INFORMATION

Youth Name:	
Date of Birth:	Date Form Completed:
Address:	
Parent/Guardian:	
Parent/Guardian Home Telephone	#:
Derent/Cuardian Call Dhane #	
Parent/Guardian Cell Phone #	
Emergency Contact/ Telephone #:	
Pediatrician and Telephone #:	
Allergies:	
Current Medications:	
Health Insurance Company:	
Policy Number:	
Health Insurance Co. Phone Numb	er