

**Christ Episcopal Church**  
400 San Juan Drive Ponte Vedra Beach, FL 32082  
904-285-6127

Form valid for \_\_\_\_ - \_\_\_\_ School year.  
Child's grade: \_\_\_\_\_

**YOUTH ACTIVITIES HEALTH & LIABILITY INFORMATION FORM**

**Participant Name:** \_\_\_\_\_ Age: \_\_\_\_ Birthdate (month/day/year): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**I. LIABILITY RELEASE** – In consideration for the opportunity to participate in church-related activities (which may include, without limitation, any trips, events, indoor and outdoor games or other activities), for the period of one (1) year from the date hereof, the undersigned Adult Participant, Parent or Legal Guardian does, for ourself or on behalf of the Minor participant designated below:

(a) hereby release, forever discharge and hold harmless Christ Episcopal Church of Ponte Vedra Beach, Florida, its vestry, clergy, employees, agents and authorized representatives (collectively, the "Church"), from and against any and all liability, claims and demands for personal injury, sickness and/or death, as well as any property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned or any of them while participating in any Activities;

(b) authorize the Church to furnish any transportation, food and/or lodging deemed reasonably necessary or advisable by the Church to allow the undersigned or any of them to participate in said event(s), and that the undersigned Adult shall pay to the Church all costs incurred by the Church and charged to Adult therefore, including any costs incurred by the Church or by any of the undersigned in the event the Church requires any of the undersigned to return home for any reason, including but not limited to medical or disciplinary reasons;

(c) adhere to, and cause the minor participant to adhere to, the following rules of conduct, and, by their signatures below, each of the undersigned does hereby represent that each has read/been apprised of said rules, and shall abide by same:

- a. Remain with the group, and reasonably endeavor to participate in all activities, for the duration of the Activities;
- b. Not to bring or use tobacco products, alcohol, illegal drugs, weapons, fireworks, pornographic materials or explosives;
- c. Not to engage in sexual misconduct, honor all curfew arrangements, and respect all other participants and accompanying leaders;

(d) hereby hold harmless and indemnify the Church for any damages and/or liability sustained by the Church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

**II. MEDICAL AND HEALTH INFORMATION** The undersigned Adult hereby represents that the following information for the party indicated below is true and accurate to his/her best knowledge and belief:

Name of Adult or Minor Participant: \_\_\_\_\_

List any medical condition(s) the Church needs to be aware of (Please include things like food &/or medicine allergies, asthma, diabetes, vision impairment, etc.) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Dates of most recent immunizations: MMR \_\_\_\_\_ Hep B \_\_\_\_\_ Polio \_\_\_\_\_ DTP \_\_\_\_\_

Tetanus booster \_\_\_\_\_ Date of Chicken Pox or Varicella vaccine \_\_\_\_\_ Last physical exam: \_\_\_\_\_

Medications currently taking? (Dosage also) \_\_\_\_\_

For treatment of \_\_\_\_\_

