

**Deep Run Mennonite Church East  
CHILD/YOUTH WAIVER FORM**

**Name of Youth Participant** \_\_\_\_\_

**Parent(s) or Legal Guardian(s) of Youth** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell (Youth)** \_\_\_\_\_

**Work # (Mom)** \_\_\_\_\_ **Work # (Dad)** \_\_\_\_\_

**Cell # (Mom)** \_\_\_\_\_ **Cell # (Dad)** \_\_\_\_\_

**Parent/Guardian E-mail Address** \_\_\_\_\_

**Youth Participant E-mail Address** \_\_\_\_\_

**Age of Youth** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Functions & Activities**

*It is my understanding that participating in the programs and activities of Deep Run Mennonite Church East is a privilege. I acknowledge that there are certain risks associated with the activities including activity-related accidents and physical injury due to transportation-related accidents.*

**Release of Liability**

*By signing this Permission/Waiver Form, I assume all risks of the above named youth participating in the activities. I further release Deep Run Mennonite Church East and its ministries, leaders, employees, volunteers and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities.*

**First Aid & Emergency Medical Treatment**

*I recognize that there may be occasions where the youth named above may be in need of first aid or emergency medical treatment as a result of participation in an activity of Deep Run Mennonite Church East due to an accident, illness or other health condition or injury. I do hereby give permission for agents of Deep Run Mennonite Church East to seek and secure any needed medical attention or treatment for the youth named above including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.*

*I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.*

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

**Health Insurance Information**

\_\_\_\_\_  
*(Insurance Co.)* *(Policy Number)*

\_\_\_\_\_  
*(Primary Care Physician)* *(Phone Number)*

**Emergency Contacts**

Names and telephone numbers of persons to call in case of emergency:

\_\_\_\_\_  
*(Name)* *(Relationship)* *(Phone Number)*

\_\_\_\_\_  
*(Name)* *(Relationship)* *(Phone Number)*

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Medical Waiver Form and am fully familiar with the contents thereof.

I give permission for the youth named above to participate in the activities of Deep Run Mennonite Church East. In consideration for allowing the participation of the youth in the activities of Deep Run Mennonite Church East I hereby consent to this Waiver Form, including the Release of Liability above, on behalf of the youth, and agree that this Waiver Form shall be binding upon me.

Photo permission: I also give permission for photos of the youth named above to be used in written and internet publications.

\_\_\_\_\_  
*(Signature of Parent/Guardian)* *(Date)*

\_\_\_\_\_  
*(Signature of Parent/Guardian)* *(Date)*