

**Sequoyah Hills Presbyterian Church Youth Ministry**  
**Permission Form, Medical Treatment Authorization,**  
**Release of Claims and Indemnity Agreement**

**Permission**

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (herein after “my child”) hereby give permission for him/her to participate in any Sequoyah Hills Presbyterian Church (SHPC) program or event, either on SHPC campus or away. These programs may also include transportation to and from such events, whether in private volunteer driven cars or vans or buses leased by SHPC from professional transportation companies. I (we) understand that this grant of permission is not specific to one event, but shall include all events (“the events”) in which my child participates under that auspices of SHPC Youth Ministry.

**Medical Treatment Authorization**

In case of illness or injury to my child, whether during participation in the events, transportation to or from the events, or otherwise, I hereby authorize the healthcare professional selected to provide whatever medical treatment (s) he/she deem necessary to my child. Further, I agree to make a claim for any medical expenses thereby incurred on my (our) personal insurance in the first instance. I understand that SHPC maintains accident insurance that will apply in excess of any personal medical or dental insurance which I (we) maintain.

**Release of Claims**

In consideration of SHPC and the Youth ministry’s agreement to permit my child to participate in the event(s), I (we) hereby release SHPC, its officers, employees, agents, servants, representatives, members, volunteers, including their family members (“the released parties”), of and from any and all past, present or future claims, demands, obligations, causes of action, costs, expenses and damages of any nature whatsoever, which may result from, arise in connection with, or in any way grow out of any injury to my child or damage to my child’s or my (our) property as a result of my child’s participation in the events, including body injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic, or punitive damages. This release specifically extends to and includes claims and causes of action arising from the negligence or other fault of the released parties, or any of them, and included all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning, and supervision.

**Indemnity Agreement**

I (we) further agree to indemnify and hold harmless the released parties against any and all claims arising out of an injury to my child as a result of my child’s participation in the events, including bodily injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic, or punitive damages. This indemnity provision specifically extends to and includes claims and causes of action arising from the negligence or other fault of the released parties, or any of them, and includes all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning and supervision.

**Publicity**

If you would not like your child’s picture to be used in SHPC publications or media, please contact the Youth Director directly.

Laura Cutter, SHPC Director of Youth Ministries  
lcutter@sequoyahchurch.org

STUDENT NAME(S) & DOB(s) \_\_\_\_\_

BY MY (OUR) SIGNATURES BELOW, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, UNDERSTAND, AND ACCEPT ALL OF THE PROVISIONS OF THE FIRST PAGE OF THIS FORM **INCLUDING THE MEDICAL TREATMENT AUTHORIZATION AND THE RELEASE OF CLAIMS AND IDEMNITY AGREEMENT.**

Parent or Guardian Name(s): \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies or Diet Restrictions: \_\_\_\_\_

Family Physician's Name and Phone Number: \_\_\_\_\_

Regular Medications or Special Conditions: \_\_\_\_\_

Parent/Guardian Signature Date: \_\_\_\_\_

This form is valid through: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Benefits/Claims Phone Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

-----  
IN WITNESS THEREOF, the undersigned has hereunto set his/her hand as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian



STATE OF TENNESSEE | COUNTY OF KNOX

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public