

PARENTS/GUARDIANS CONSENT FORM

2013 Presbyterian Youth Triennium - POV Overnight, Travel and PYT Participation

TO: Presbytery of Ohio Valley
1701 East 2nd Street
Bloomington, IN 47401

PARTICIPANT _____ AGE _____ BIRTH DATE _____

ADDRESS _____

CITY _____ STATE _____ PHONE: Primary _____ Secondary _____

PARENTS/GUARDIANS _____

ALTERNATE (emergency) CONTACT _____
NAME PHONE

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in pre-triennium overnight (July 15th), to travel with the Ohio Valley Triennium delegation on July 16th and 20th, and to participate in the Presbyterian Youth Triennium activities on July 16th-20th.

We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in these activities.

We understand that the activities may present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engaged in this activity which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to participant.

We also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the participant in these activities and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

PARENTS'/GUARDIANS' SIGNATURES _____ DATE _____
_____ DATE _____

PARTICIPANT'S SIGNATURE _____ DATE _____

(Please Fill Out the Second Page of this Form)

Participant's Name: _____

Insurance Co. _____ Policy # _____

Allergies:

Regular Medications Taken (please provide details relating to does/ regularity etc.):

Does your child need assistance with any of these medications? If so please describe:

Other Medical Conditions:

Family Physician _____ Phone # _____

**THIS FORM MUST BE SIGNED AND RETURNED-- ONLY THOSE WHO RETURN THIS FORM
PROPERLY SIGNED CAN BE GRANTED PERMISSION TO PARTICIPATE.**