



YOUTH RELEASE AND PERMISSION FORM

I have chosen to have my child, _____, ("My Child") participate in activities sponsored by St. Anne's Episcopal Church ("St. Anne's") youth programs, including EYC, choir, and/or Acolytes ("Youth Programs"). In consideration for My Child being allowed to participate, I willingly assume all risks associated with My Child's participation and I grant this release of liability. I understand that My Child's participation in these Youth Programs entails a risk that he/she may be exposed to hazards, including travel by car, bus, van, or other vehicle, and risks associated with strenuous physical activity. I further understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I expressly assume all risks associated with such hazards, as well as all other risks associated with or arising from My Child's participation in these Youth Programs.

On behalf of My Child, myself, my and My Child's estate and personal representative thereof, My Child's heirs and assigns, I hereby forever release St. Anne's Episcopal Church, its officers, ministers, vestry members, employees, and agents and all associated churches, dioceses, and other religious organizations ("Releasees") from any and all costs, claims, losses, liabilities, or damages arising from or in any way related to My Child's participation in the Youth Programs of St. Anne's. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability, in tort, or other theory of recovery. For My Child, myself, my and My Child's estate, and the personal representative thereof, my and My Child's heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceeding against Releasees, relating to any accident, incident or occurrence arising out of or in connection with My Child's participation in the Youth Programs.

Medical Treatment Authorization

I grant to St. Anne's and its Youth Programs, their ministers, vestry members, employees, and agents ("Agents") full authority to take whatever actions they may reasonably consider to be warranted under the circumstances regarding My Child's health and safety. I authorize St. Anne's, the Youth Programs, and their Agents, at their discretion, to provide My Child with medical services or treatment, including placing My Child in a hospital within or outside the United States for medical services and treatment. I hereby authorize the physician and/or hospital selected to provide whatever medical treatment(s) he/she deems necessary for My Child. If deemed necessary or desirable by St. Anne's, the Youth Programs or their Agents, I authorize them to transport My Child to Atlanta, Georgia, by commercial airline or otherwise, at my expense, for medical treatment.

BY MY SIGNATURE BELOW, I HEREBY CONSENT AND AGREE TO THE TERMS STATED ABOVE.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Contact Information:

Parent or Legal Guardian's Name: _____

Address: _____

Email: _____

Emergency Telephone Numbers:

Home: _____

Cell: _____

Business: _____

** Please attach a copy of your insurance card (front and back). **

Publicity Release

I do hereby give permission to St. Anne's and its Youth Programs to use My Child's name, photograph or video or other likeness in all of the information and promotional material of St. Anne's and the Youth Programs, including but not limited to newsletters, bulletins, brochures, videos, and church or Youth Program bulletin boards and websites.

Signature: _____ Date: _____
(Parent or Legal Guardian)