

Summer Spirit 2018

Unity Church of Winston-Salem

108 Hewes Street

Winston Salem, NC 27103

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Unity Church of Winston Salem children/youth ministry activities, events, retreats and childcare during the period of June 13, 2018 through August 15, 2018.

LIABILITY RELEASE: In consideration of Unity Church of Winston Salem allowing the Participant to participate in children/youth ministry and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Unity Church of Winston Salem, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Name of youth participant

Name of parent/guardian

x _____
Signature of parent/guardian Date