



Trinity Episcopal Church

124 River Road
Topsfield, MA 01983

www.TrinityTopsfield.org

Phone 978-887-5570
Fax 978-887-3977

Releases – 2007-2008 Program Year

The undersigned parent/legal guardian of _____ does hereby grant permission for said minor to engage in the various activities sponsored by Trinity Episcopal Church for its youth programs (Rite-13, J2A, or YAC groups), including, but not limited to, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with Trinity Youth Programs. I acknowledge that my minor child's participation in these programs is voluntary and that participation may have some risks associated with it. I assume responsibility for these risks and agree to indemnify, defend, and hold harmless Trinity Episcopal Church, its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the program, unless claim is caused by the sole negligence or willful misconduct of Trinity Episcopal Church.

Signed: _____ Parent/Guardian (Please circle one)

Date: _____

Medical Treatment Permission

It is understood that an effort will be made to contact the undersigned prior to rendering treatment but medical treatment will not be withheld if the undersigned cannot be reached.

I, the parent or legal guardian of _____, hereby authorize and consent to any emergency treatment, including but not limited to X-ray, examination, anesthetic, or medical or surgical diagnosis, rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required. It is given to provide authority and power to render care which is deemed medically necessary in the best judgment of the physician.

Signed: _____ Parent/Guardian (Please circle one)

Date: _____ Phone(s): _____

Insurance Co: _____ Insurance #: _____

Photography Permission

The undersigned participant and undersigned parent or legal guardian does agree to grant to Trinity Episcopal Church permission to record on film, video tape, audio tape or digital media this young person's participation in Trinity Youth Programs and related events. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for the promotion of Trinity Episcopal Church; and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Signed: _____ Parent/Guardian

_____ Teen

Date: _____