



EVENT RELEASE
Medical and Liability Release
Permission Form

PDY is the student ministry of Pleasant Dale Church
4505 W 300 N Decatur, IN 46733 (260) 565-3797

As a parent/legal guardian of _____, I have reviewed the information about

the _____ event on _____, and give permission for the subject of this release to be involved in the overall activities. It is understood that the subject of this release will obey all regulations and follow instructions of the leaders and representatives of the student ministry of Pleasant Dale Church of the Brethren. I agree to pay any expenses incurred as a result of disciplinary issues, including the cost of transporting the student home if deemed necessary. I understand that all reasonable safety precautions will be taken at all times by Pleasant Dale Church of the Brethren and its agents during the events and activities. I understand that every activity sponsored by this church is carefully planned and supervised by mature adults. However, even with the best of planning and precaution, I know that unforeseen events can occur. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. Therefore, I accept full responsibility for this student's participation in Pleasant Dale Church of the Brethren activities, including transportation to and from any location in connection with church sponsored activities. I also agree that I will not hold Pleasant Dale Church of the Brethren or its employees or volunteer workers or members liable for damages, losses, illnesses, or injuries incurred by the subject of this form. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. **I release Pleasant Dale Church of the Brethren from any liability.** In the event of an emergency in which the student is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me and the other emergency contacts listed on the Student Medical Information Form and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given by the youth pastor or any volunteer youth worker.

I understand that this form and my signature are for both medical and liability release.

Parent/Legal Guardian Signature _____ Date: _____

Student Signature (if 18 or over): _____ Date: _____

Print Signer's Name: _____

Local Person to contact in the event of an emergency:

Name: _____ Phone: _____

Please indicate on the back of this form any changes to medical or contact information listed previously in the Student Medical Information Form (if you would like a copy of your Student Medical Information Form, please contact the church office).