

2012 SCREAM Retreat Release Form

MEDICAL RELEASE / ASSUMPTION OF RISK / HOLD HARMLESS / VIDEO / PHOTO FORM

Release Form - Youth (please print legibly)

Name of **Student** _____ Date of Birth _____

Name of **Church** _____

Address _____ Grade level _____

City _____ State _____ ZIP Code _____ FAX _____

Parents first & last names _____

Home Phone _____ Cell Phone(s) _____

Home E-mail address _____

Father's work place & phone _____

Father's work E-mail address _____

Mother's work place & phone _____

Mother's work E-mail address _____

Custody restrictions _____

Additional emergency contacts & phone #s _____

(called when parents cannot be contacted)

(Relationship of emergency contacts to family)

We, the undersigned parents and / or legal guardians of _____, a minor, in consideration of being permitted to participate in the SCREAM Retreat Event, for educational / religious purposes do irrevocably, personally and for his or her heirs, assigns and legal representatives, release and waive any and all past, present or future claims, demands, and causes of action which the undersigned now has or may in the future have against SCREAM Ministries, their members, directors, representatives, officers, agents, employees, and each of them, for any and all past, present or future loss of or damage to property, sickness, and /or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with the aforementioned youth retreat for educational / religious purposes. Hold Harmless / Indemnify: The undersigned covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, including death, against any of the aforesaid parties however caused, resulting from, arising out of or in any way connected with the sole expense, any and all of the aforesaid parties from any claims, demands, and causes of action which now or in the future may be asserted against the aforesaid parties arising out of or by reason of said course described above, including any injury, loss or damage that might occur at any place in connection therewith. The undersigned further hereby agrees to hold harmless and indemnify SCREAM Ministries, their directors, officers, employees, adult volunteer youth counselors, and agents for any liability sustained by said youth organizations as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. In the event of an emergency, I hereby authorize an adult leader of my child's participating church, as an agent for me, to consent to any X-ray examination, emergency transportation, medical, dental, surgical diagnosis, treatment, or hospital care advised and supervised by a physician, surgeon, or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. The undersigned further assumes all responsibility for the decisions so made and agree to be fully financially responsible for any and all medical, hospital, and/or emergency treatment so secured for our child. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned hereby assumes all transportation costs involved.

_____/_____ Date _____

Signature(s) of Parents or Legal Guardians

In addition, We, the undersigned parents and / or legal guardians of _____, a minor, do hereby consent to the use of videotapes, photographs, audiotapes, or any other visual or audio reproduction in which my child may appear from this youth event. I understand that these materials may be used for promotion of SCREAM Ministries, which includes recruitment & fundraising efforts to further the Christian Gospel. The undersigned releases SCREAM Ministries, it's directors, officers, employees, adult volunteer youth counselors, and agents from any liability connected with the use of my child's picture or voice recording as part of SCREAM Ministries promotional, recruitment, and / or fund-raising program.

_____/_____ Date _____

Signature(s) of Parents or Legal Guardians

2012 SCREAM Retreat Release Form

Medical/Video/Photo Release Form - Adult (please print legibly)

Name of **Adult** _____ Date of Birth _____

Name of **Church** _____

Address _____

Spouse's full name _____

City _____ State _____ ZIP Code _____ FAX _____

Home Phone _____ Cell Phone(s) _____

Home E-mail address _____

Work place & phone _____

Work E-mail address _____

Additional emergency contacts & phone #s _____

(called when family cannot be contacted)

(Relationship of emergency contacts to family)

I, _____, a legal adult, in consideration of being permitted to participate in the SCREAM Retreat event, for educational / religious purposes do irrevocably, personally and for his or her heirs, assigns and legal representatives, release and waive any and all past, present or future claims, demands, and causes of action which the undersigned now has or may in the future have against SCREAM Ministries, their members, directors, representatives, officers, agents, employees, and each of them, for any and all past, present or future loss of or damage to property, sickness, and /or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with the aforementioned youth retreat for educational / religious purposes. Hold Harmless / Indemnify: The undersigned covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, including death, against any of the aforesaid parties however caused, resulting from, arising out of or in any way connected with the sole expense, any and all of the aforesaid parties from any claims, demands, and causes of action which now or in the future may be asserted against the aforesaid parties arising out of or by reason of said course described above, including any injury, loss or damage that might occur at any place in connection therewith. The undersigned further hereby agrees to hold harmless and indemnify SCREAM Ministries, their directors, officers, employees, adult volunteer youth counselors, and agents for any liability sustained by said youth organizations as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. In the event of an emergency, I hereby authorize an adult leader of my participating church, as an agent for me, to consent to any X-ray examination, emergency transportation, medical, dental, surgical diagnosis, treatment, or hospital care advised and supervised by a physician, surgeon, or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. The undersigned further assumes all responsibility for the decisions so made and agrees to be fully financially responsible for any and all medical, hospital, and/or emergency treatment so secured for me. Furthermore, should it be necessary for the said adult participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned hereby assumes all transportation costs involved.

_____ Date _____

Signature of Legal Adult

In addition, the undersigned hereby consents to the use of videotapes, photographs, audiotapes, or any other visual or audio reproduction in which I may appear from this youth retreat event. I understand that these materials may be used for promotion of SCREAM Ministries, which includes recruitment and fundraising efforts to further the Christian Gospel. I release SCREAM Ministries, it's directors, officers, employees, adult volunteer youth counselors, and agents from any liability connected with the use of my picture or voice recording as part of SCREAM Ministries promotional, recruitment, and / or fund-raising program.

_____ Date _____

Signature of Legal Adult