



**Parental Consent and Release of Liability**  
**Hudson Memorial Presbyterian Church**  
**4921 Six Forks Road Raleigh, North Carolina 27609 919-787-1086 HMPC.org**

Youth's Name \_\_\_\_\_  
(Please Print Full Legal Name)

I, the undersigned parent (or legal guardian) of the above named youth, request that he/she be permitted to participate in the activities of Hudson Memorial Presbyterian Church Youth Ministry.

I release and agree to hold harmless Hudson Memorial Presbyterian Church, its Pastors, Staff, Elders, Event Chaperones and Members from any and all liability, claims or demands, from personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by my child during these activities.

Further, I, the undersigned parent (or legal guardian) assume legal, financial and moral responsibility for all the actions of my youth while participating in the activities of Hudson Memorial Presbyterian Church Youth Ministry, including, but not limited to, the loss of, or damage to others' property.

Furthermore, should it be necessary for my youth to return home due to medical reasons, disciplinary action or other reasonable cause, I hereby assume all costs including, but not limited to, transportation.

In the event of a medical emergency, I the undersigned parent (or legal guardian) authorize the Pastors, Staff and/or Event Chaperones to seek emergency medical treatment for my youth. I further agree to assume full legal and financial responsibility for all emergency or medical expenses incurred.

Name of Insurance Provider \_\_\_\_\_

HMO or PPO Plan Account # \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Office Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Known Pharmaceutical or Other Allergies \_\_\_\_\_

Any Physical Limitations or Conditions: \_\_\_\_\_

Medication Currently Being Used: \_\_\_\_\_

Special food needs (vegetarian, etc.) \_\_\_\_\_

Other information youth leaders should know? \_\_\_\_\_

**Parent/Guardian #1**      Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Parent/Guardian #1**      Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_