

Parental Consent and Release of Liability 2024-2025
Hudson Memorial Presbyterian Church
4921 Six Forks Road Raleigh, North Carolina 27609 919-787-1086

Youth Name _____ **(Please Print Full Legal Name)**

I, the undersigned parent (or legal guardian) of the above named youth, request that they 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 of her 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 an emergency or medical expenses incurred.

Permission for HMPC to use photos of my child for print/social media posts/website with an understanding that only a FIRST name or NO name be used. Yes___ NO___

Name of Insurance Provider _____

HMO or PPO Plan Account # _____

Physician's Name _____

Physician's Office Phone # _____

Known Pharmaceutical or Other Allergies? _____

Any Physical Limitations or Conditions?: _____

Medication Currently Being Used?: _____

Special food needs?(vegetarian, VG) _____

Other information youth leaders should know? _____

Parent/Guard. Name _____ **Cell#** _____

Parent/Guard. Name _____ **Cell#** _____

Parent Signature(s) _____ **Date** _____