

**YouthWorks Participant Release Form**  
(To be filled out by both Youth and Adults)

Name of Participant (please print) \_\_\_\_\_  
Participating with (Church or Organization Name) \_\_\_\_\_  
Name of Site \_\_\_\_\_ Week Attending \_\_\_\_\_

**Liability Release Form**

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release YouthWorks!, Inc., its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the YouthWorks organization.

\*During the week your child is with YouthWorks, they may be photographed or video taped for promotional materials.

**Agreement to Transport Home**

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks, or are of legal consenting age myself. I/we understand that a member of the YouthWorks staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. YouthWorks will attempt to contact the parent or guardian to arrange such transportation.

**Medical Release Form**

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks!, Inc., or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize \_\_\_\_\_, the lead adult of our group, or a member of the YouthWorks staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Known Allergies \_\_\_\_\_

Current Medications or Health Conditions \_\_\_\_\_

\*Please attach a copy of your insurance card to this form.

*YouthWorks Participant Release Form (page 2)*

**Emergency Contact Information**

(please indicate the person's relationship to participant)

1) \_\_\_\_\_

2) \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Insurance Information**

Name of health insurance company \_\_\_\_\_

Health insurance policy number \_\_\_\_\_

Phone/address of health insurance company \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Policy holder's phone number \_\_\_\_\_

Participation on a YouthWorks trip is contingent upon compliance with all the policies stated in this form.

Participant Liability

Agreement to Transport Home

Medical Release Form

Participant (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (1) (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (2) (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

\*If the participant is older than 18 years, no Parent/Guardian signatures are necessary.

