First Presbyterian Church of Harbor Springs
Participation and Medical Authorization Release Agreement

I hereby grant authorization for my child, _____,
to participate in the following activity: _____
sponsored by First Presbyterian Church of Harbor Springs (FPCHS). I realize that any activity has the potential for inherent risk with participation, and while adequate supervision by care, caution, instruction, or expertise can reduce the chance of possible adverse outcomes, there is the potential for unexpected incidents to occur.

Upon recognition of the possible dangers involved and for the opportunity to have my child participate, by my signature below I release and discharge FPCHS staff and volunteers from any liability. I covenant with them that I will never, individually or as legal guardian of the participating individual, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of church related activities sponsored by FPCHS, or its successors and legal representatives. I further agree to indemnify and hold FPCHS harmless against any and all costs, damages, and expenses, which may be incurred by them as a result of any lawsuit I might file against them.

I hereby grant authorization for activity leaders to take any steps necessary to obtain emergency medical care as may be deemed warranted. As soon as reasonable under the circumstances existing at the time, an adult leader will take the following steps:

1. Attempt to contact parent or guardian with contact information listed below.
2. Attempt to contact alternate person with contact information listed below.

If any of the designated contacts cannot be reached, the adult leader is authorized to do one of the following, if such is deemed warranted by medical condition, injuries or suspected injuries:

1. Call EMS.
2. Allow on-site emergency medical aid to be administered by a licensed health care provider or emergency medical personnel serving the area where the aid is to be administered.
3. Have the child/youth transported to the nearest emergency department hospital if necessary.
4. Any expenses incurred in reasonable compliance with conditions set out above will be the responsibility of the child/youth's responsible parent/guardian.

If any of the above happens, I understand that I will be contacted by one of the adult leaders as soon as possible.

_____	_____	_____
Parent/Guardian Signature	Date	Phone
_____	_____	
Witness Signature	Date	

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_____
Alternate Contact Name, relationship, and phone

Name of other adult(s) and relationship to your child, whom you authorize to pick your child up from our event:

_____

Child's date of birth:_____

Medical Insurance Policy and Number:_____

Primary Healthcare Provider (Name/Phone):_____

Food Allergies/Dietary special considerations:

Medical and Special Needs conditions:

Medication Allergies/Other Allergies, (and whether carries EpiPen/other rescue medications if needed):

Regular Medications:

Do you give permission for photographs of your child to be used in church presentations or promotional materials, including FPCHS website/Facebook? Names will not be used.

(Please circle yes or no) YES NO