



Central Presbyterian Church Mission Trip Registration Form

Children and Youth Programs

General Information

Child/ youth: _____

Child/Youth #2: _____

Cell: _____

Cell: _____

DOB: _____

DOB: _____

Grade: _____

Grade: _____

Member of Central YES NO

Parent/Guardian: _____ Work #: _____

Email: _____

Street City State Zip

Home Phone: _____

Alternative Emergency Contact: _____

Phone #: _____

Member of another congregation? Which One? _____

Medical Information

Allergies/ medical conditions or other concerns: _____

Does your child carry an Epi-pen or emergency inhaler: _____

Does your child require financial support? If so, how much assistance is required? _____

What would you like to share with your Central's volunteers and staff to help us support your child during the mission trip?

If your child is tired, sore, or overwhelmed, what strategies are most effective to help them regulate?

Does your child flourish with specific social supports including but not limited to: Peer supports (please specify which peer), clear schedule, dietary supports, devices, medications, routine, object, etc... (please be as specific as possible?)

Central Presbyterian Church Permissions

Central Presbyterian Church occasionally uses photographs, videos, and audio recordings of events in its publications, in the local press, on its website, and in social media. Signing this release form grants the Church permission to use your and/or your child's image and/or voice recording in its publications and other media outlets.

I hereby grant permission to the Central Presbyterian Church to use my image and/or voice on its website or in other printed publications, and social media without further consideration, and I acknowledge the Church and local press have the right to crop or treat the photograph, video, or audio recording at their own discretion. I also acknowledge that the Church may choose not to use the media at this time, but may do so at its own discretion at a later date. I also understand that once my image or voice is posted on the internet, the media can be downloaded. Therefore, I agree to indemnify and hold harmless from any claims all members and employees of Central Presbyterian Church.

For my minor children, I grant permission to Central Presbyterian Church of Summit, NJ to use:

_____Photographs _____Videos _____Audio Recordings

I wish to participate in youth activities offered by Central Presbyterian Church (CPC), as well as any and all associated activities including activities that may be hazardous or otherwise involve a risk of physical injury, property damage, or death to the participants (the "Activities"). I expressly assume any and all risks of injury, damage, or death arising from or relating to the Activities and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against CPC, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my voluntary participation in these activities. I understand that this Waiver, Release and Indemnification agreement means, among other things, that if I am injured or die as a result of my participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death. I also grant permission for any of the Releasees to seek medical attention they deem necessary. I release the Releasees from all liability for injury or personal loss caused by this attention. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital or medical personnel designated of the Releasees, I agree to hold them free and harmless of any claims, demands or suits for damages. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider listed on this form (see reverse). I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities. I also hereby grant permission to CPC the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of myself, without compensation or approval rights, for use in materials created for purposes of promoting CPC, its programs and activities. I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

FOR PARTICIPANTS UNDER THE AGE OF 18 I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to all of its terms.

Signature _____ **Date** _____