

**St. Timothy's Episcopal Church**  
 808 N. Mason Saint Louis, MO 63141  
 Phone (314) 434-5906 FAX (314) 434-4103 www.saint-tims.org

**Activity Consent Form / Liability Waiver / Consent for Medical Treatment**

This agreement is valid September 2011 thru August 2012.

**Youth Information**

Last Name	Legal First Name	Middle Name	Nickname	Birthday
				Age
			M ____ F ____	Grade
Street	City / State/ Zip	Home Phone	Youth E-mail	Parent E-Mail
Primary Care Physician		Physician Phone		
Primary Dentist		Dentist Phone		
Medical Conditions/ Allergies				
Medications				
Insurance Data: Carrier, Policy Number, etc.				

**Parent / Guardian Information**

Name / E-Mail	Address	Day Phone
		Evening Phone
		Cell Phone

**Release of Liability**

As the signing adult, I affirm that I am the parent and/or legal guardian of the above referenced minor (Child). I hereby grant permission for Child to participate in activities, events or trips that are conducted, organized and/or sponsored, in whole or in part, by St. Timothy's Episcopal Church (St. Tim's). In consideration of Child being permitted to participate in activities, events or trips I hereby release and hold harmless St. Tim's, it's Vestry, Clergy, employees, representatives and volunteers from any and all liability for any resulting damage or injury that Child may incur.

- I understand that this Release and Waiver of Liability applies to all activities, events and trips, and that some activities carry with them a higher risk for injury.
- I understand that as a result of participating in activities, events or trips my child may be transported by car or van, and that in certain instances transportation may include other methods.
- I understand that some events, activities or trips involve overnight or multiple night stays that may be in states other than Missouri.

**Agreement to be Held Responsible for Child's Behavior and Actions**

I understand that all St. Tim's activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

- I hereby agree to be held liable for Child's actions and release St. Tim's from any liability for Child's actions, in the event that such actions or behavior causes damage or injury to property or person.
- I acknowledge that St. Tim's reserves the right to restrict Child's involvement in any activity, event or trip, in whole or in part.
- I further acknowledge that St. Tim's reserves the right to send Child home from any activity, event or trip in which Child has violated rules of conduct including, but not limited to: drugs, alcohol, weapons, and/or the blatant disrespect for authority. I agree to be financially liable for the cost of travel, accommodations and other expenses that may be incurred as a result of Child being sent home from an activity, event or trip.

**In the Event of an Emergency**

In the event of an emergency and I cannot be reached at the aforementioned phone numbers, St. Tim's is instructed to contact:

**Alternate Contact #1**

Full Name	Address	
Relationship	Home Phone	Other Phone

**Alternate Contact #2**

Full Name	Address	
Relationship	Home Phone	Other Phone

**Consent for Medical Treatment**

In the event of an accident or injury to my Child, authorization is hereby given to an appropriate adult representative or chaperone of St. Timothy's Episcopal Church to do or arrange for any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power:

- to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care
  - to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.
- I agree to be responsible for costs incurred as a result of medical treatment or hospitalization for Child.

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**Signatures**

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Minor (Child)

\_\_\_\_\_  
Signature of Minor (Child)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name