



Youth for CHRIST/USA, INC.

PARENTAL RELEASE OF LIABILITY and CONSENT TO TREATMENT, TRAVEL and IMAGE RELEASE

Release of Liability

By signing this form I acknowledge that participating in YOUTH for CHRIST/USA, INC. Project Serve activities is a privilege. I understand that there are certain risks of physical injury or illness with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware. In consideration of you accepting me or my child for participation in the above naed program, I hereby waive and release any and all rights and claims for all lossesand damages that I as parent, or my child may have against YOUTH for CHRIST/USA, INC. and its affiliates, volunteers, agents, employees, representatives, successors and assigns for ant and all injuries or losses suffered by me or my child that arise now or in the future as a result of this Project Serve event., sponsored by YOUTH for CHRIST/USA, INC. Further, I agree that in the event that my child or other related person should make any claim in the future against YOUTH for CHRIST/USA, INC., I will personally indemnify, defend, and hold harmless YOUTH for CHRIST/USA, INC. and its affiliates, volunteers, agents, employees, representatives, successors and assigns against any and all loss and damage, including attorney's fees, arising directly or indirectly from my child's actions.

Parent or Guardian Initials_____

Consent to Treatment *(to be completed regardless of age of Participant)*

By signing this form I, _____, as (circle one) **The Parent/The Guardian**, do hereby authorize the above-referenced Agent, acting as the Participant's agent, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or other emergency medical treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervisionof any licensed physician or surgeon; or to consent to an X-ray examination, anesthetic, dental, or surgical diagnosis or emergency treatment to be rendered to the Participant by any licensed dentist.

It is understood that this authorization is given in advance of any condition which might occur necessitating treatment, but it is given to provide authority and power on the part of the Agent to give specific consent to any such examination, ansthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician, and/or dentist, in the exercise of his/her best judgement, may deem advisable. It is also understood hat since licensing standards vary between statesand nations, the aforementioned surgeon, physician and/or dentist meet only those qualifications required for licensing in the stateor nation where he/she practices.

I hereby authorize any hospital which has provided treatment to the Participant to surrender physical custody of the Participant to the Agent upon completion of Treatment.

I hereby agree to pay all costs of medical and dental care incurred by the Agent on behalf of the Participant if said costs are in excess of those covered by any insurance provided to the Participant by the Sponsor Organization.

Parent or Guardian Initials_____

Consent to Travel Within and Outside the United States and Media Image Release

I, as Parent/Guardian do hereby authorize the Participant to travel within and outside the United States of America as set forth in the trip itinerary, and authorize Agent to make all necessary travel itinerary decisions on behalf of the Participant. I hereby grant permission to YOUTH for CHRIST/USA, INC. the right to use, reproduce, and/or distribute any photographs, film, video-tapes, sound recordings of me ad my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of YOUTH for CHRIST/USA, INC.

Parent or Guardian Initials_____

