

I am an Adult Participant who will be volunteering with the Jericho Road Project the weekend of July 23-26, 2020 with VIP Youth & Young Adult Ministries of White Clay Creek Church

I give permission for my child to participate in the Jericho Road Project the weekend of July 23-26, 2020 VIP Youth & Young Adult Ministries of White Clay Creek Church

By signing below, I authorize any adult in whose care my child has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care prescribed by a physician or dentist licensed under the provisions of the medical practice act on the medical staff at a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician, or at said hospital. I shall be liable and agree to pay all expenses incurred in connection with such medical and dental services rendered to the afore -mentioned student pursuant to this authorization. I give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted by while attending and participating in the Jericho Road Project or in the events sponsored White Clay Creek Presbyterian Church.

I also agree to release the Jericho Road Project, White Clay Creek Presbyterian Church, clients, and all affiliated persons, institutions, and organizations, both collectively and individually, from any and all claims, damages, and cause of action, including, but not limited to, personal injury and property damage, resulting from my/my child's participation in the Jericho Road Project.

I understand that the Jericho Road Project and its staff are committed to providing safe, fun, and educational activities, and that the Jericho Road Project is conducted in a smoke-, alcohol-, and drug-free environment. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in any illegal conduct, or refuses to follow the directions of Jericho Road Project staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

Participant's Name: \_\_\_\_\_

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Adult Participant/Parent/Guardian Signature

Date

Please check the appropriate box at the top of this page and return with your Health Form.