

PARENTAL CONSENT FORM**

I/We, _____ and _____,
parents of _____ give our permission to SCORE International to
travel to _____ on these specified dates, _____
with our child/children. The team leader / chaperone that will act as the responsible party for our child/
children while on this trip is _____.

Parent Name (Printed): _____

Parent Name (Signed): _____

Date: _____

Parent Name (Printed): _____

Parent Name (Signed): _____

Date: _____

Date: _____

Please send completed and signed form to
First Pres Church via the following avenues:

Email: bryce@firstprestampa.org
Mail: 412 E. Zack St. Tampa, FL 33602
Drop-off: at First Presbyterian Church

****It is important to note, until these forms are
completed, signed, and returned your student is
not permitted to attend camp****

Camp Trip Date: _____ Group Name: _____ Country: _____

Full Name: First _____ Middle _____ Last _____

(Name as it appears on your passport)

Address: _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Email _____

Birthday: Month _____ Day _____ Year _____ Birthplace _____ Citizenship _____

Single Married Male Female

FOR MINORS ONLY:

As the parent/legal guardian of _____, I request that in my absence,
the named person be admitted to any hospital or medical facility for diagnosis and treatment.

Parent/Guardian Name: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Email: _____

ADULT & MINOR MEDICAL RELEASE:

Emergency Contact: _____ Phone: _____

Please indicate any pertinent information we should have concerning any medical problems you may have:

Are you taking any medication that we should be aware of? _____

Are you allergic to any form of medication? _____ Other allergies: _____

Food allergies: _____

Do you have any history of heart problems? NO YES, what kind? _____

Insurance Company _____ Group # _____ Policy # _____

Primary Policy Holder's Name: _____

By signing below, I acknowledge that **First Presbyterian Church** has my permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so.

Trip Participant (or Parent/Guardian), _____

(Signature required here)

Please send completed and signed form to Relevant Church via the following avenues

Email: bryce@firstprestampa.org
Mail: 412 E. Zack St. Tampa, FL 33602
Drop-off: at First Presbyterian Church

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, _____, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH _____,

including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:

and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.



I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature _____

Participant's Name Date

(IF NECESSARY)

Parent/Guardian Signature Date

(If under 18 years old, Parent or Guardian must also sign.)

