East Freetown Congregational Christian Church
Standard Consent and Medical/Liability Release Form

1. Parental Consent for Pilgrim Fellowship Trip

I hereby grant _____ permission to attend a trip to _____.
(*child's name*) (*destination*)
on _____, departing at _____ and returning at approximately _____ .
(*date of trip*) (*time*) (*time*)
We will be travelling in a vehicles driven by authorized drivers. Your child will be in the company of a responsible adult at all times. The contact for your child is Pastor Don's cell phone (774) 271-1050. You will be updated on any changes in travel or arrival plans.

2. Standard Liability Release

I agree to release, forever discharge, and hold harmless the East Freetown Congregational Christian Church, or any of it's directors, employees, and agents from any and all liability, claims and demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and/or child as a result of participation in this trip.

4. Conduct

In consideration of the church's commitment of time and resources to this youth ministry event, I covenant to uphold the group through my presence, participation and prayer, and to observe the following standards of conduct for this trip: I will refrain from the possession or consumption of any controlled substance (drugs, alcohol, tobacco products); I will not trespass on my neighbor's body, neither will I trespass on my neighbor's self esteem; I will refrain from the use of blasphemous or profane language; I will not use any electronic personal entertainment devices without permission while on the trip. _____
(*Child's Signature*)

3. Medical Authorization

Furthermore, *in the event I cannot be reached* in a medical emergency, I authorize the leaders of this trip to consent to any medical attention for my child; including, but not limited to: X-ray examination, anaesthetic, medical, surgical or dental diagnosis or treatment, and hospitalization. I agree to assume all medical bills, if any.

Signature of parent or guardian: _____ Cell/Other#: _____

Address: _____ Known allergies:

City/State/Zip: _____

Emergency contact person: _____ Their Telephone #: _____
(*if you can't be reached*)

Insurance Carrier: _____ Ident/Subscriber #: _____.

[PF Leaders must have this **completed** form in hand during the trip.]