

**Bring Original Form  
and 2 copies to Site.**

**2011 YouthWorks Release Form**  
*(To be filled out by both Students and Adult Leaders)*

**Name of Participant (please print)** \_\_\_\_\_

**Sponsored by (Church or Organization Name)** \_\_\_\_\_

**Name of Site** \_\_\_\_\_ **Week Attending** \_\_\_\_\_

**Liability Release Agreement**

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release YouthWorks!, Inc., its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the YouthWorks organization. I understand that during the week participants may be photographed or video taped for promotional materials.

**Transport Home Agreement for Students**

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks, or are of legal consenting age myself. I/we understand that a member of the YouthWorks staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. YouthWorks or the lead adult of our group will attempt to contact the parent or guardian to arrange such transportation.

**Medical Release Agreement**

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks!, Inc., or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize \_\_\_\_\_, the lead adult of our group, or a member of the YouthWorks staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of Last Tetanus Shot** \_\_\_\_\_ **Known Allergies** \_\_\_\_\_

**Date of Last Tuberculosis Test\*** (if applicable) \_\_\_\_\_ **Positive or Negative** \_\_\_\_\_

**Current Medications or Health Conditions** \_\_\_\_\_

**Please attach a copy of your insurance card to this form.**

*\*We are not requiring participants to get Tuberculosis testing. However, leaving this area blank may prevent participants from serving with some ministry partners. If testing has occurred, please indicate the date.*

**Emergency Contact Information**

1) \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

2) \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Insurance Information**

Name of health insurance company \_\_\_\_\_  
Health insurance policy number \_\_\_\_\_  
Phone/address of health insurance company \_\_\_\_\_  
Name of policy holder \_\_\_\_\_  
Policy holder's phone number \_\_\_\_\_

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**Participation on a YouthWorks trip is contingent upon compliance with all the policies stated on the previous page.**

Liability Release  
Transport Home  
Medical Release

Participant/Adult Leader (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (1) (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (2) (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_