

# Youth Department Medical Release & Permission Form

**Effective dates: June 10-18**

**Please complete all sections, print in ink, and sign BOTH waivers (Youth Department & Habitat for Humanity)**

Name of Youth: \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth's Phone: \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

1. Please list and explain any major illnesses the child experienced during the last year:
2. Please list any medications and/or allergies the Youth Department Staff should be aware of.
3. Should this child's activities be restricted for any reason? Please explain:

### **For your information, we are expecting each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive to off-campus activities
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Youth who fail to comply with these expectations may be sent home at their parents' expense.**

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## CONSENT FORM

\_\_\_\_\_ has my permission to attend the off-campus events

NAME OF YOUTH

(listed and initialed below) sponsored by the Minnesota Conference of Seventh-day Adventists Camp Meeting Youth Department (hereinafter the "Youth Department") from June 10 to June 18, 2016.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Youth Department, the Minnesota Conference of Seventh-day Adventists, and its staff of any liability against personal losses or injuries of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events (listed and initialed below) being organized by the Youth Department. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Youth Department, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured 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 required from a physician and/or hospital personnel designated by the Youth Department, 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. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Youth Department staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Daily Activities**, locations and costs incurred to you for each activity. Please initial each activity you are giving permission for your child to attend.

\_\_\_\_\_ **Saturday, June 11** . Glow-in-the-dark Kickball, on campus

\_\_\_\_\_ **Sunday, June 12** . Piepenburg Park & Beach

\_\_\_\_\_ **Monday, June 13** . Feed My Starving Children, Chanhassen

\_\_\_\_\_ **Tuesday, June 14** . Bowling @ Hutch Bowl (Additional Cost: \$5/person)

\_\_\_\_\_ **Wednesday, June 15** . Team Sports & Group Games, Hutchinson Gym, Dairy Queen Treat (Free)

\_\_\_\_\_ **Thursday, June 16** . ValleyFair. 8:30 a.m. to 5:30 p.m. (Additional Cost: \$25)

\_\_\_\_\_ **Friday, June 17** . Habitat for Humanity House Project, Hutchinson (Additional waiver required)

\_\_\_\_\_ **Saturday, June 18** . Ice Cream Sundaes on the lawn, on campus

**Packing List** for off-campus activities and events.

**Feed My Starving Children requires**: close-toed shoes.

**ValleyFair/Water Activities**: modest swimwear, towel/extra clothes, water bottle, backpack/bag for personal items.

**Habitat for Humanity requires**: close-toed shoes and appropriate clothing for manual labor. Work gloves optional.



218 Main Street South, Suite 116  
Hutchinson MN 55350  
**Telephone:** (320)587-8868  
**Fax:** (320)234-9581  
**Web Site:** [www.crhhf.org](http://www.crhhf.org)  
**Email:** [michele@crhhf.org](mailto:michele@crhhf.org)

**CROW RIVER HABITAT FOR HUMANITY, INC.  
RELEASE AND WAIVER OF LIABILITY**

**PLEASE READ CAREFULLY!**

**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (The "Release") executed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Crow River Habitat for Humanity, Inc., a Minnesota nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include but are not limited to constructing and rehabilitating residential buildings; working in the Habitat offices; traveling to and from work sites, towns or cities; consuming food available or provided; and other construction-related activities.

The Volunteer hereby freely, voluntarily, and without duress execute this Release under the following terms:

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat.

Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness, death or property damage.

*It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on a Habitat for Humanity work site while construction is in progress. It is further the policy of Habitat for Humanity that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.*

**Medical Treatment.** Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat.

If the Volunteer is less than 18 years of age (a "minor"), the Volunteer and the parents having legal custody and/or the legal guardians of the volunteer (the "Guardians") also hereby release and forever discharge Habitat from any claim whatsoever with arises or may hereafter arise on account of the decision by any representative of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

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(see reverse side for signature line)

**Assumption of the Risk.** The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction; loading and unloading; transportation to and from the work sites; and exposure to lead and mold, which may cause or worsen certain illnesses, especially if Volunteer does not wear protective equipment, is exposed for extended periods of time, or have a pre-existing immune system deficiency.

Volunteer does hereby expressly and specifically assume the risk of injury or harm in the Activities and releases and forever discharges from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly in connection with the Volunteer's Activities with Habitat.

**Insurance.** The Volunteer understands that, except as otherwise agreed to by Habitat in writing; Habitat is under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer.

**Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**Photographic Release.** Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota and that this Release shall be governed by and interpreted in accordance with the laws of the State of Minnesota. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

**Volunteer: Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (for tracking of youth)

**Group (such as organization/church/employer):** Minnesota Conference of SDA - Youth

**Crow River Habitat for Humanity:** *Would you like to receive our newsletter twice a year:* **Yes** **No**

**Witness: Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**I acknowledge that I have reviewed the Construction Safety Manual and that I understand its contents.**

**SIGNATURE:** \_\_\_\_\_

Camp Meeting 2016  
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**Web Site:** [crhfh.org](http://crhfh.org)  
**Email:** [michele@crhfh.org](mailto:michele@crhfh.org)

**IMPORTANT:** If the Volunteer is less than 18 years of age, either parents or guardians must also sign this Release and Waiver of Liability with a witness. In addition, both parents or guardians must complete the “Parental Authorization for Treatment of, and Travel With, a Minor Child” on the following page. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents, and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

**Witness: Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

**Witness: Name (Printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: _____
Relationship: _____
Address, City, State, Zip: _____
Telephone: (H) _____ (C) _____ (W) _____
Email Address: _____