



**Trinity Episcopal Church**  
 204 State Road 26  
 Melrose, Florida 32666  
 (352)475-2177

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parents' Consent**

In consideration of the benefits to be derived, and in view of the fact that YTEC is a religious based organization, participation in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well being of my child (myself), during any activity or trip, I hereby agree to her/his (my) participation and waive all claims against leaders, sponsors, and YTEC / Trinity Episcopal Church.

Signed: \_\_\_\_\_

**Terms of Consent**

This form will apply to all activities and will remain in force until 12/31/2015.

**Medical Consent**

I hereby give my full permission for participation in retreats and activities associated with YTEC (Youth of Trinity Episcopal Church). In the event of any illness or injury in the course of any activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signed: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: H (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Work or Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Youth \_\_\_\_\_

**List any Allergies, Special concerns, Dietary Restrictions, etc:** \_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Name of health insurance company \_\_\_\_\_ Name of Insured \_\_\_\_\_

Health insurance policy number \_\_\_\_\_ Group Number \_\_\_\_\_

Address of insurance company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Image/Photo release**

I understand that I (my child) may be photographed or recorded using a video camera or other recording device during YTEC activities. My image may be used on promotional material by Trinity Episcopal Church including: social media, brochures, website, fliers, and other promotional materials. I give permission for my image to be used in this context.

Signed: \_\_\_\_\_