

## DISCLOSURE OF RISK; AGREEMENT OF WAIVER, RELEASE, AND HOLD HARMLESS (YOUTH)

I, \_\_\_\_\_ of Street Address \_\_\_\_\_  
(print parent's/guardian's name)

City/State/Zip \_\_\_\_\_ hereby agree and acknowledge the following regarding my

child: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(print child's name)

1. I understand that any travel, volunteer work or other activities undertaken by my child in connection with First Presbyterian Church, San Antonio, Texas, involves inherent risks to property, health and life, and I further understand the nature of such risks.
2. I have been and am informed by this document that any travel, volunteer work, or other activities undertaken by my child in connection with First Presbyterian Church, San Antonio, Texas, involves inherent risks including, but not limited to, loss of property, disease, illness, injury, exposure, physical and mental harm, and death which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence and political conflict including civil war, war, and terrorism. Furthermore, the undersigned realizes that First Presbyterian Church, San Antonio assumes no financial responsibility for lost or damaged personal items.
3. No principal, officer, agent, employee, or other person associated with or acting on behalf of First Presbyterian Church, San Antonio, Texas, has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.
4. The undersigned recognizes and acknowledges that First Presbyterian Church, San Antonio, Texas is a charitable, nonprofit institution engaged in human services and relief activities. The undersigned, for my child and his/her heirs, does hereby freely and knowingly waive any and all actions, causes of action, claims, and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of endemic diseases, costs, damage or expense for any act, or omission on the part of anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of my child or of First Presbyterian Church, San Antonio, Texas. The undersigned realizes that activities which my child intends to pursue entail some amount of risk or possible danger, and desires to personally assume such risks.
5. This agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas. This agreement is to be governed by the laws of the State of Texas. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
6. I do enter into this agreement freely and voluntarily in consideration of the permission for my child to participate in the activities described herein and the benefits associated with such activities. I understand that this agreement is contractual and binding upon me.
7. I have read this document and understood and agreed to all of its contents before signing it.

\_\_\_\_\_  
(signature parent/guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(city and state where signed)

\_\_\_\_\_  
(witness)

### Consent to Medical Treatment

I hereby give my permission for \_\_\_\_\_ and other First Presbyterian advisors to authorize the rendering of medical services to my child, \_\_\_\_\_, while participating in activities sponsored by First Presbyterian Church, San Antonio, Texas. I specifically grant permission for the administration of medication, admittance to a hospital and for surgery deemed by the attending physician to be necessary because of an emergency.

\_\_\_\_\_  
(signature parent/guardian)

\_\_\_\_\_  
(date)

My child, \_\_\_\_\_ is covered by the following policy(ies):

Medical (company) \_\_\_\_\_ Policy & Group # \_\_\_\_\_

Hospitalization (company) \_\_\_\_\_ Policy & Group # \_\_\_\_\_

Phone # (for verification and admittance for treatment) \_\_\_\_\_

My phone (day) \_\_\_\_\_ My phone (night) \_\_\_\_\_

\_\_\_\_\_  
(signature parent/guardian)

\_\_\_\_\_  
(date)

**IMPORTANT:** Please indicate any medical alert information on back and contact: \_\_\_\_\_