

Central East Region Youth Permission Form to Attend a CER Event

Name: _____ Home Congregation: _____

Event Name & Location & Date: _____

Parent/Guardian Name(s): _____

Parent/Guardian cell phone (s): _____

Alternative Emergency name: _____ (if only one parent listed)

Alternative Emergency phone number: _____

Parental Consent - your parent must sign this form:

Medical issues, needs, and allergies:

Medication currently taking:

Health Insurance Company: _____

PARENTAL CONSENT: I, _____ (print your name) am the parent/legal guardian of - _____ . I have fully disclosed all pertinent facts about my child and acknowledge full responsibility for any omission or misstatement regarding such matters

I grant permission for my child to participate in this Central East Region of the UUA's event. I hereby do release and hold harmless the Central East Region, the hosting member congregation, other affiliated organizations, and/or any and all adult supervisors for the activity, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my child may sustain while engaged in the activity conducted, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity.

In the event that an emergency should arise while my child is participating in this event, I hereby grant my permission to any responsible adult to do whatever is deemed necessary to insure the safety and well-being of my child.

In the event I cannot be reached, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

If my child violates site rules, event expectations, or covenant, I agree to be responsible for their transportation home. I understand I may be required to pick up my child at the conference. If my child participates in any illegal activity, I realize the proper authorities will be contacted. This consent may be photocopied, with photocopies authorized to be as binding as the original.

Video and photos may be taken during this event. Unless you indicate otherwise below, your youth's likeness and/or voice may appear in publications including district, regional and UUA photographs, videos, social media, online photo albums and video channels, websites, and in print. Your youth will not be identified by name without further permission.

_____ I do not give blanket permission for my youth's likeness to be used in this way.

Signature & Date _____

I will be attending this youth event with the youth named on this form in the capacity of their con advisor/sponsor. I am over 25 and I have registered online for this event.

Sponsor/Advisor Signature _____

Print Sponsor Name: _____