



## The St. James Episcopal Church Youth Mission Week

### Parental Authorization, Liability Waiver Medical Release Form

In consideration for permitting my child to enroll and participate in Youth Mission week provided by St. James Episcopal Church from July 13, 2026 – July 17, 2016; I, being 18 years or older, do for myself and on behalf of my child \_\_\_\_\_, agree and promise as follows:

#### **Authorization (Please Initial):**

\_\_\_\_\_ I am the parent or legal guardian of the student listed above and grant my permission for him/her to participate fully in the St. James Episcopal Church events and activities.

\_\_\_\_\_ I have completed the initial registration form for my child through the Realm Connect website. [Please complete online registration prior to completing waiver].

\_\_\_\_\_ I understand the St. James Episcopal Church staff, volunteers, and leaders will make every attempt to contact me as soon as possible in the event an emergency arises. If I cannot be reached, I authorize the St. James Episcopal Church staff, volunteers, and leaders to take my child to the doctor or hospital. I also authorize medical treatment recommended by medical staff and I assume responsibility for all medical bills.

\_\_\_\_\_ I understand that my child may be photographed or videotaped during activities and that these photos/videos may be used in promotional materials published by the St. James Episcopal Church, unless otherwise stated within the registration form completed on Realm Connect.

#### **Liability Waiver, Covenant to Hold Harmless & Indemnify (Please Initial):**

\_\_\_\_\_ I, on behalf of my child, assume the risk and promise to release, forever discharge and hold harmless the St. James Episcopal Church, Priest, Children's Ministries, its directors, staff and volunteer leaders from any and all liability for personal injury or sickness and damage to personal or public property which might result from my child's participation in any and all church activities, including being transported in church, chartered, and chaperone vehicles, to and from the event destination(s). This covenant to hold harmless extends to my child's participation in any events and activities.

\_\_\_\_\_ I agree to indemnify and hold harmless the St. James Episcopal Church, its directors, staff, and volunteers for any liability incurred or property damage/loss sustained by the St. James Episcopal Church as the result of the negligent, willful, or intentional conduct of my child, including expenses attendant thereto.

\_\_\_\_\_ I hereby certify that I have read and clearly understand these terms and that this authorization/waiver/covenant is being executed voluntarily. At least one parent/legal guardian must sign below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Signature)

Please complete waiver and return to Parish Office via email or in-person using the contact info below:

**St. James Episcopal Church**

2423 SW Bascom Norris Dr.

Lake City, FL 32025

stjameslcoffice@gmail.com