

Medical Consent Form

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child _____ to attend and participate in WE ARE THE ONES Conference of St. Paul's on the Hill in St. Paul Minnesota, June 6-8 2008

We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of Saint Paul's on the Hill to consent to any reasonably necessary medical examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Minnesota or California law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic, or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

Please Fill Out the Following Information

Do you have hospital insurance? YES NO (please circle one)

Insurance Company: _____

Policy Number: _____

Please list any allergies, medical problems, current medications, etc., you think would be important for us to know about: _____

Date

Parent/Guardian Signature

Parent/Guardian Signature

PARENTAL AFFIRMATION

I, _____, do hereby affirm to St. Paul’s on the Hill that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ at WE ARE THE ONES WE ARE WAITING FOR conference.

Date

Parent/Guardian Signature

Relationship to Child

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, and covenant not to sue and agree to hold members of Saint Paul’s on the Hill its officers, directors, employees, representatives, agents and affiliates, and the staff of WE ARE THE ONES from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in the WE ARE THE ONES conference at St. Paul’s on the Hill, June 6-8 2008. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of WE ARE THE ONES or sustained before, during or after WE ARE THE ONES unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the church or the staff of the WE ARE THE ONES.

I understand that, without limitation of the foregoing, neither the Church of Saint Paul’s on the Hill or the WE ARE THE ONES shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child’s personal property or the interruption of the WE ARE THE ONES for whatever reason. Neither the Church of Saint Paul’s on the Hill WE ARE THE ONES shall be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

Parent/Guardian Signature

Date