

Permission and Medical Release Form

Complete this form separately for each event or activity involving special considerations (see *Handbook 2: Administering the Church* [2010], 13.6.20), an overnight stay, or travel outside the local area.

Event Details (to be filled out by event planner)		
Event	Cypress Stake Youth Conference	Date(s) of event March 29-30
Describe event and activities (please be specific). Local Cypress Stake Youth Conference		
Ward	Stake Cypress	
Event or activity leader Diana Gunderson	Event or activity leader's phone number 281-774-3539	Event or activity leader's email gundiemomma@gmail.com

Participant Information		
Participant	Date of birth	Age
Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Address	City	State/province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Medical Information	
Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions.
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies.
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.
List all prescription or over-the-counter (OTC) medications the participant is taking	

Physical Conditions That Limit Activity	
Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed)	

Other Accommodations or Special Needs
Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed).

Permission	
I give permission for my child/youth to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event. The participant is responsible for his or her own conduct and is aware of and agrees to abide by Church standards, camp, or	event safety rules and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior. Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if they behave inappropriately or if they pose a risk to themselves or others.
Participant's signature	Date
Parent or guardian's signature (if necessary)	Date

MINOR LIABILITY WAIVER

FOR VOLUNTEERS AGED 17 AND YOUNGER



By signing my name below, I, on behalf of myself, my personal representatives, assigns, heirs, and next of kin, do hereby agree to indemnify and hold harmless the Houston Food Bank, its employees, volunteers or agents (the "Released Parties") from any and all claims or causes of action that may arise out of the performance of my assigned duties as a volunteer. I waive any right of action I have against the Released Parties in consideration of my participation as a volunteer for the Houston Food Bank.

IT IS MY EXPRESS INTENTION, AND THE EXPRESS INTENTION OF THE RELEASED PARTIES, THAT THE RELEASE PROVIDED FOR IN THIS AGREEMENT RELEASE THE RELEASED PARTIES FROM THE CONSEQUENCES OF THE ACTS OR OMISSIONS OF THE RELEASED PARTIES, INCLUDING ACTS OF NEGLIGENCE OR ALLEGED NEGLIGENCE, AND INCLUDING WHERE SAME ARE THE CONTRIBUTING CAUSE OF THE CLAIM.

The Houston Food Bank also has permission to use the referenced minor's voice, name, likeness, photograph, or videotaped image in publicity about the Houston Food Bank and its activities.

I acknowledge that this waiver and release is being signed by me voluntarily, without coercion, duress, or undue influence and with full knowledge of its terms and effects. I have read the above waiver and release of liability and fully understand its contents.

**** Notes ****

***ALL minors MUST have a completed waiver to volunteer.
 Minor aged 16 and 17 may volunteer without parent or representative.
 Minor aged 15 or younger MUST be accompanied by parent or representative.***

**** PLEASE PRINT CLEARLY ****

Group Name (if applicable) LDS CYPRESS STAKE YOUTH CONFERENCE		Volunteer Shift Day, Date and Start Time MARCH 30, 2019 9AM	
Minor's Full Name			Age of Minor
Street Address		City / State / Zip Code	
Parent / Guardian Phone	Parent / Guardian Email Address		
Phone	Email Address		
Print Parent / Guardian Name		Please Check If You Agree: <input type="checkbox"/> Sure, you can include me on Houston Food Bank Mailings <input type="checkbox"/> Sure, you can text me if my volunteer shift is changed	
Parent / Guardian Signature		Date Signed	

Note: Your personal information WILL NOT be used for solicitations.