

Youth Waiver Form for Guest
 Youth Ministry Programs
 Williston Federated Church

- I wish to voluntarily participate in the activities of the Youth Group of the Williston Federated Church during the year of September 1, 2008 to August 31, 2009.
- I know that there are risks involved with any activity including travel, supervised and unsupervised activities, sports, games, meetings, and other events. I assume these risks.
- I also understand that I must participate in ways consistent with the mission of the Youth Group, including actively participating in the program, following the rules and directions of the leaders, observing scheduled rest times and not smoking or using illegal drugs or beverages.
- I also agree not to leave an event unless authorized by an adult leader.
- I agree to review with my parents or guardian information concerning each youth group event.
- I understand that if I or my parents or guardian have questions about activities of the youth group or the risks involved the youth leaders are available to provide information.
- In consideration of my participating in these activities, I hereby, for myself, my heirs, administrators, representatives, next of kin and assigns, forever release, and discharge the United Methodist Church, the United Church of Christ, the Williston Federated Church, and all supervisors and participants ('releases'), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.
- I represent and certify that my age is ____ years, and I am under the age of 18 years, I represent and certify that I have the permission of my parents and/or guardians to participate in the stated activities, and that they have full knowledge thereof.

I understand and agree to the expectations and release agreement listed above:

 Youth Signature

 Signature of Parent

 Date

Guest Information

Youth Name	
Parent Name	
Address	
Home Phone	
Cell phone	
Birthdate	
Allergies/ Comments	
Invited by	

In the event of an emergency, I give the youth leaders permission to seek necessary urgent medical attention for my youth in my absence: _____ date _____

If you DO NOT want your youth's picture on WFC related Material/ Website/Facebook initial here _____