

**SALFORD MENNONITE CHURCH
YOUTH PERMISSION/WAIVER FORM**

Name of Youth Participant _____

Parent(s) or legal guardian(s) of youth _____

Address _____
(Street) (City) (State) (Zip)

Home Phone (____) _____ **Work Phone** (____) _____

Cell # _____ **Cell #** _____

E-mail Address -Parents' _____ **Youth's** _____

Age of Youth _____ **Birthdate** _____ **Grade** _____

Functions & Activities

It is my understanding that participating in the programs and activities of the Salford Jr. MYF and Sr. MYF is a privilege. I acknowledge that there are certain risks associated with the activities including activity-related accidents and physical injury due to transportation-related accidents.

Release of Liability

By signing this Permission/Waiver Form, I assume all risks of the above named youth participating in the activities. I further release Salford Mennonite Church and It's ministries, leaders, employees, volunteers and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities.

First Aid & Emergency Medical Treatment

I recognize that there may be occasions where the youth named above may be in a need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. I do hereby give permission for agents of Salford Mennonite Church to seek and secure any needed medical attention or treatment for the youth named above including hospitalization. If in the agent's opinion such need arises, in doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.

