

**Christ Church Grosse Pointe**  
**Release Form for Participation in Non-Overnight Youth Group Trip**

I/we as parent/guardian of \_\_\_\_\_ acknowledge his/her participation in the Christ Church Youth Group activities both on and off campus and in the surrounding areas including the states of Michigan and Ohio taking place between September 2007 and August 2008.

As a parent/guardian of a youth at Christ Church Grosse Pointe, I understand that the church undertakes these trips and activities for the educational, recreational, service, and spiritual benefit of my child. I realize these trips will be accompanied by designated supervisors/chaperones who will exercise supervision over a large group of young people. I further realize that these supervisors/chaperones are, or may be, volunteer parishioners as well as staff members at Christ Church. Understanding that these supervisors will exercise reasonable care in the supervision of my child, I realize that such supervision cannot substitute entirely for the close personal attention of a child's own parent. I further understand that transportation by public or private vehicles may be necessary.

As a parent/guardian, I have weighed all of the foregoing factors and risks which necessarily accompany each trip. I have read the information sheet regarding this trip, and I have had an opportunity to ask questions regarding the trip and supervision, and I am fully satisfied.

**TAKING INTO CONSIDERATION ALL OF THE FOREGOING, I WAIVE ALL CLAIMS AGAINST CHRIST CHURCH, GROSSE POINTE, ITS AGENTS, EMPLOYEES, AND THE YOUTH GROUP SUPERVISORS/CHAPERONES ARISING FROM THESE ACTIVITIES, WHEN UNDERTAKEN IN GOOD FAITH AND WITHIN THE SCOPE OF THEIR AUTHORITY, EXCLUDING ANY CLAIMS THAT ARISE FROM WILLFUL OR WANTON MISCONDUCT, AND INTENTIONAL TORT, OR GROSS NEGLIGENCE.**

I represent that my child is in good physical health and condition, and list all allergies or medical conditions as stated below:

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(Any diagnosis of a medical condition, either physical or mental, should be noted. Add additional pages if more details are necessary. Medications should be listed, along with dosages in which they are to be taken.)

In the event of an emergency I should be notified at \_\_\_\_\_

If I cannot be reached, please contact \_\_\_\_\_

If circumstances are such that it is impossible or impractical to notify me in advance, I grant permission for my child to be treated by a medial physician selected by the adult supervision of the trip.

Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_