



Liability Release and Consent for Medical Treatment

Asbury University appreciates your trust as we administer care to your child. We are requesting that you sign this Liability Release and Consent for Medical Treatment form allowing your child to participate in Youth Program activities during Reunion 2024. Thank you for your cooperation, and please know that we take our responsibilities very seriously.

I, _____, hereby release and hold harmless from liability Asbury University, its staff members, volunteer workers, other employees and/or agents in the event of any injury to my child, _____, while he/she participates in the Reunion 2024 Youth Program.

Permission to Use Photographs or Video Recordings:

I give Asbury University the right to use any photographs or video recordings created while I (or my child) participate in Asbury University activities for publicity and advertising purposes.

I do not give Asbury University the right to use any photographs or video recordings created while I (or my child) participate in Asbury University activities for publicity and advertising purposes.

*For middle and high school students participating in **Trendsetters** and **College Connection**:*

I give my child permission to check him/herself out of the Youth Program.

I do not give my child permission to check him/herself out of the Youth Program.

If any injury to my child occurs, I understand that my child’s group leader/director will attempt to contact me immediately. In the event I cannot be contacted, I further consent to any hospital or medical care necessary for my child and such medical care may be approved by my child’s group leader/director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child.

I have carefully read this Liability Release and Consent for Medical Treatment form and fully understand its content. Being aware of said contents, I sign of my own free will.

_____	_____
Parent/Guardian Printed Name	Relationship to Child
_____	_____
Parent/Guardian Signature	Date

Emergency Contacts (if possible, please list individuals who will be on campus)

_____	_____	_____
Name	Phone	Relationship to Child
_____	_____	_____
Name	Phone	Relationship to Child

Medical Insurance Information

Provider: _____ Insurance ID: _____

Name of Insured: _____