

**All 3 PAGES OF THIS FORM MUST BE READ AND SIGNED**

**Parent/Guardian Consent Form**

**Chrysalis**

**Release of Liability and Consent Form**

**Please Print**

**Dates and Location of Event:** \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Street Address of Participant:** \_\_\_\_\_ **Phone (\_\_\_\_) \_\_\_\_\_**

**City, State, Zip of Participant:** \_\_\_\_\_

**Release of Liability**

I understand that participating in Chrysalis activities is a privilege. In consideration of this privilege, I release Chrysalis, including its directors, volunteers, employees and agents from and against any liability or claims for any loss, costs, damages, or injuries (including reasonable attorneys' fees and expenses) in any way arising from their participation in the Chrysalis Weekend.

I understand that my child may participate in a number of activities. I understand that there are certain risks associated with any activity; I will assume responsibility for these risks, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Chrysalis harmless from any claim asserted by me against Chrysalis, including its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

**Consent**

I have read and understand all 3 pages of this agreement.

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Participant (Circle one):** **Parent** **Guardian**

**Signature of minor participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Chrysalis**

**Authorization for Medical Treatment Form**

**Please Print**

**Participant's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone: (\_\_\_\_) \_\_\_\_\_**  
Relationship to Participant (Circle one): **Parent** **Guardian**

**Authorization for Medical Treatment**

This release and consent gives Chrysalis permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Chrysalis permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Chrysalis and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

In an emergency, you may call the person listed below in the event a parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Comments regarding my child's medical history, allergies, or drug reactions, etc., which may be needed in the case of any emergency treatment:** \_\_\_\_\_

\_\_\_\_\_

**Current Medications: (Medications must be sent with participant in their original containers.)**

<u>Medicine Name</u>	<u>For</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____

Health Insurance Co: \_\_\_\_\_ Group No: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Insured under whose name? \_\_\_\_\_ Subscribers I.D. # : \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(if participant is emancipated, proof must be provided prior to event)

**Not Currently Insured** – Chrysalis reserves the right to subrogation if it is later determined that personal medical insurance was in place.

Chrysalis is compliant with the Health Portability and Accountability Act (or HIPPA).

**NOTE: I understand that my personal insurance will be primary coverage for any accident and that Chrysalis’s policy does not cover illness.**

*“ Chrysalis is a Christian faith based experience meant to encourage a young Christian with their ongoing walk with the Lord. Any participant of the weekend experience should be aware that there may be moments of intense personal introspection and reflection. We ask that in signing this form, you have disclosed to the leadership any information that may be beneficial to the team, to support continued growth in faith and allow us to be in tune to any subjects that may be of a sensitive nature to the individual. All information that is shared is considered confidential and will not be shared with any one outside of the Chrysalis team and leadership.”*

I have read and understand all 3 pages of this agreement.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 1/08