

Unity Retreats and Unity Summer Internship
Programs of First Universalist Church of Minneapolis

**YOUTH PARTICIPATION RELEASE &
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I, _____, the undersigned represent that I am the Parent/Guardian
of _____, my son/daughter.

- I grant permission for my child to participate in youth activities associated with Unity Retreats and Unity Summer Internships programs from January 2008 – December 2008.
- I grant permission for my son/daughter to be transported to and from the locations utilized by the programs by reasonable and safe means. Should my child be accepted into the Unity Summer Internship Program I grant permission for my child to be transported by reasonable and safe means by authorized work-site personnel to accomplish the duties of their internship.
- I agree Unity Leadership Institute may take and may use photographs, videotapes, and/or films of my child to help publicize their programs. I do not expect any compensation for the use of any images.
- I agree and hereby do release and hold harmless the Unity Retreats, Unity Summer Program and First Universalist Church and/or any and all adult supervisors for the activity, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my son/daughter may sustain while engaged in the activity conducted, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, as described herein which may be caused or contributed to by my son/daughter to the person or property of others.
- Should any injury occur, I grant permission for my son/daughter to receive medical treatment from an appropriate health care provider to be selected by the adult supervisor of the activity, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital, or other expenses, which the Unity Retreats/Unity Summer/First Universalist Church and/or any and all adult supervisors may incur as a result of securing such treatment.

Signature: _____ Date: _____

Home Address: _____

Home Phone #: _____ Emergency Phone #: _____

Emergency Contact: _____ Phone #: _____

Family Physician: _____ Physician's Phone #: _____

Employer: _____ Health Insurance Provider: _____

Health Insurance Policy #: _____

Child's Allergies: _____

Child's Dietary Restrictions/ Special Food Needs (incl. Vegetarian): _____

Medications Child is Currently Taking: _____

INSTRUCTIONS: Send the completed Retreat Registration Form along with this signed form by February 24th to:
Debra Rodgers, Unity Summer Program Director, 3400 Dupont Avenue S., Minneapolis, MN 55408
Phone: (612)825-1701 X106 Fax: (612)825-8879 Email: debra@firstuniv.org
For more information go to www.firstuniv.org/unity.html