

## Detroit Conference Waiver for Children, Youth and Vulnerable Persons

Name of Child, Youth or Vulnerable Person \_\_\_\_\_  
Age: \_\_\_\_\_ Grade level (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone ( if applicable) \_\_\_\_\_  
Email address \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_  
Work Phone of parent/guardian \_\_\_\_\_ Cell phone \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Another person to contact in case of an emergency \_\_\_\_\_  
and their relationship to child, youth or vulnerable person \_\_\_\_\_  
telephone numbers of emergency contact \_\_\_\_\_  
Name, location and date of Detroit Conference event, program, or activity that your child, youth or  
vulnerable person is attending. \_\_\_\_\_  
Best way to contact me during this event \_\_\_\_\_

**Transportation:** I authorize my child, youth or the vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Detroit Conference, its Districts or Agencies by (name of adult or church) \_\_\_\_\_ I understand that there will be only one adult in this vehicle and that this adult may or may not be a certified care giver of the Conference.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:** I agree that video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student during the activities may be used, distributed, or shown as the Church sees fit.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Health:** My child, youth or the vulnerable person that I am responsible for has these specific health requirements. Please include anything that a caregiver should know to provide the best care of your child, youth or vulnerable adult. (include allergies) \_\_\_\_\_

If prescribed medications will accompany the child, youth or vulnerable person, such medications must remain in prescription bottle and include clear directions for administration and then be sealed in a zip lock bag. They also must be given to the adult responsible for the child, youth or vulnerable person for safe keeping. Some events have professional nurses providing care and other events do not. Parents/guardians should contact the event director or their own church ministry team to ascertain the type of health care available at each event, program or activity sponsored by the Detroit Conference, one of its Districts or Agencies.

I understand that safety precautions will be taken by the Church and its agents during this event. However, I understand that the possibility of injuries, unforeseen hazards and inherent risks exists. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, or injuries incurred by the student.

**Emergency Health Care:** I authorize any emergency health care or treatment for my child, youth or vulnerable person that is deemed necessary by the transporter (driver) or certified care giver at an event, program or activity sponsored by the Detroit Conference, its Districts, or one of its Agencies.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Special Needs;** My child or youth, or the vulnerable person that I am responsible for has these special needs. Please list and use the back if needed.

**PARTICIPANT RELEASE POLICY  
FOR CHILDREN, YOUTH, AND VULNERABLE PERSONS**

1. At the end of an event, an event coordinator will have the participant release form listing the persons authorized to pick up the participant. Each participant will check out with the coordinator, at which time the coordinator will make sure the participant leaves with the person listed on the form.
2. If an unauthorized person appears to escort the participant home, telephone contact with parent/guardian will be attempted. If unable to contact parent/guardian, the coordinator may attempt to reach grandparents or pastor. Verbal authorization (via telephone) from parent-guardian for another adult to take the participant from the event is acceptable, provided two adult chaperones of the event witness the authorization. Photo identification or verbal description should be used to confirm the identity of the transporter.
3. If participant is taken from the event without proper authorization, the event coordinator should immediately call local sheriff's department and report the incident.
4. A note arriving with transporter, signed by parent/guardian is acceptable, provided the signature matches handwriting on participant's permission to participate form.

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**PARTICIPANT RELEASE INFORMATION**

These questions are asked and will strictly enforced by the staff for the safety and protection of your child, youth, or vulnerable person.

Participant's Name: \_\_\_\_\_

Event Attending: \_\_\_\_\_

1. Will the participant be leaving the event for any period of time and returning to the event at any time during the event? \_\_\_\_\_
2. Will the participant be picked up early? \_\_\_\_\_ If so, what time? \_\_\_\_\_
3. Specific person(s) to whom the participant should NOT be released: \_\_\_\_\_
4. Name of person picking up the participant: \_\_\_\_\_  
(Should plans change, please send with the person of your choice a written, signed statement of permission for the participant's release.) **All drivers must be 21 years of age** (exception: siblings driving siblings).

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED WHEN THE PARTICIPANT LEAVES:**

Participant picked up by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of person picking up participant with picture identification