



Teen and Preteen Release Form

Event: _____ Dates: _____

Teen/Preteen Name: _____ Birth Date: _____ Age: _____ Gender: _____
Please Print Clearly

Address: _____ City, State _____ Zip: _____

Email address: _____ Cell Phone: (____) _____

Food and Allergies (specify):

MEDICAL HISTORY: *(Please attach an additional sheet explaining any specific or special needs)*

I certify that my child is in good health and able to participate in all event activities: ___ Yes ___ No
If NO, specify limits of participation: _____

Are they allergic to any medication: ___ Yes ___ No *If Yes, specify:* _____

Are they currently under a doctor's supervision for: Epilepsy Diabetes Asthma Allergies

Other condition or special-care needs (specify): _____

Date of last Tetanus shot: _____

Current Medications (Prescription or Over-the-Counter):

All medications (except epi-pens and inhalers) must be held by an adult Sponsor for the entire event. All medication **MUST** be brought in their ORIGINAL containers, stored in a see-through Zip Lock bag with the Teen's/Preteen's name listing (1) type of medication, (2) dosage and (3) when needed. **If my child needs to take their medication during this event, I give permission for the Sponsor to administer the medication.**

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

INSURANCE INFORMATION:

Personal Physician (name and phone number): _____

Medical Insurance Company: _____ Policy Number: _____

ID Number: _____ Policyholder's Name: _____

Phone number to verify coverage or submit claim: _____

***** Or attach copies of Insurance Card(s) to back of form. *****

AUTHORIZATION/LIABILITY RELEASE

LIABILITY: As legal guardian of the above-named minor, I hereby give my permission for him/her to participate in the (Event) _____ and to travel to/from the event location. I have read this complete document, I understand and consent to all terms contained herein, and all the information provided is complete and true.

Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and, unless it is covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the above-named participant and that I will be notified as soon as possible in case of emergency. I agree to indemnify and hold harmless from responsibility the Unity of Houston, their employees, agents and event/youth group leaders for any injury, illness (including COVID-19 or any variant) or property damage involving the above-named participant no matter how caused.

TRANSPORTATION: I understand that Unity of Houston’s YFM will be responsible for and inform me of the mode of transportation for this event. If my child needs to be sent home for any reason, including behavior problems or medical reasons, I agree it will be at my expense.

PRIVACY: I understand the information on this form will only be shared, as needed, with group leaders, Church staff, and medical professionals to safeguard and support my child.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Phone Number(s) During Event: (____) _____ (____) _____

Address: _____

Sponsors: Please keep 2 copies of the Medical Release Form, 1 for travel and 1 for church records



Teen/Preteen Heart Agreement

Event: _____

Dates: _____

The following Heart Agreements apply during this event. To ensure the ultimate experience for all and as a participant attending this event, I AGREE:

1. To look for the highest good in all people and situations and look for ways I can contribute to making this time a meaningful experience for all.
2. To create with my words and actions a loving, sacred and safe atmosphere.
3. To engage in natural highs only. I will not have in my possession or use alcohol, tobacco (including e-cigarettes and/or other vaping devices), illegal drugs or other restricted substances.
4. To honor physical boundaries and use only safe touch, being respectful of each individual's personal boundaries. I will abstain from any sexual behaviors and act in a non-provocative manner at all times.
5. To be conscious of appropriate dress and refrain from wearing clothing that is offensive or disrespectful.
6. To respect the property of others by asking permission before using anything that does not belong to me.
7. To demonstrate honest, responsible, trustworthy behavior by extending courtesy to the facility and staff, and to be a good steward of the facilities and grounds.
8. I am responsible for my own choices and behavior. If my conduct is detrimental to the spirit or intent of the event, I understand I may be sent home at the expense of my parent/guardian.

TEEN/PRETEEN AGREEMENT:

I understand that these Agreements are necessary for everyone's benefit, including my own, and recognize my responsibilities as a participant at the event. To support the consciousness of this event, I agree to uphold these Agreements throughout my entire experience.

Teen/Preteen _____ Date: _____

PARENT'S/GUARDIAN'S AGREEMENT:

I have read the above Agreements and understand that, should his/her/their conduct become detrimental to the spirit or intent of the event, I will cooperate with the event leaders to arrange immediate transportation home for my teen at my expense.

Parent/Guardian Signature: _____ Date: _____