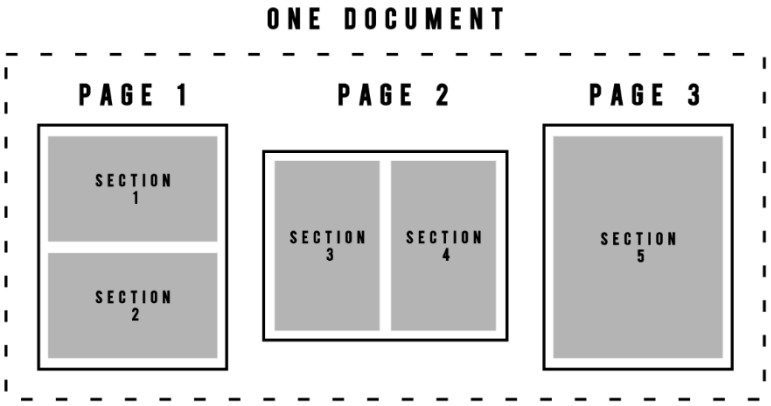
DRAMA Ministry Participation Form Instructions

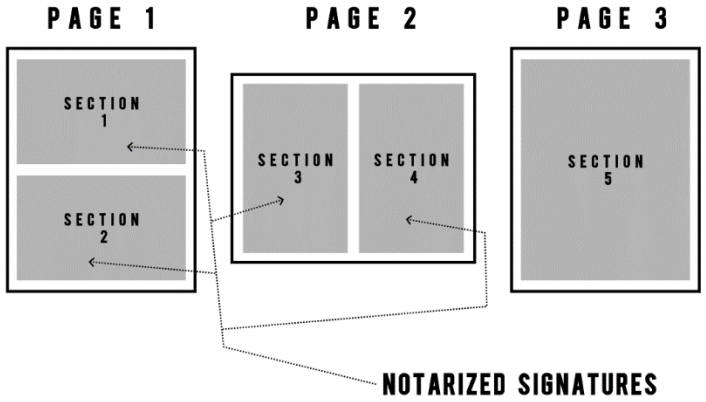


For the Families:

Sections 1-4 of this document each require signatures. To be properly notarized, **each section must be signed in the presence of a notary public regardless of who is signing**. All information other than signatures may be filled out prior to notarization of the document.

If the participant in DRAMA is 18 or older at the time of signing:

- Parents/legal guardians do not need to sign any section of the document
- Participants must sign all sections of the document which ask for a participant signature



If the participant is under 18 at the time of signing but will turn 18 during the period specified on the form:

- Parents/legal guardians must sign each section of the document
- The participant must sign all sections of the document which ask for a participant signature

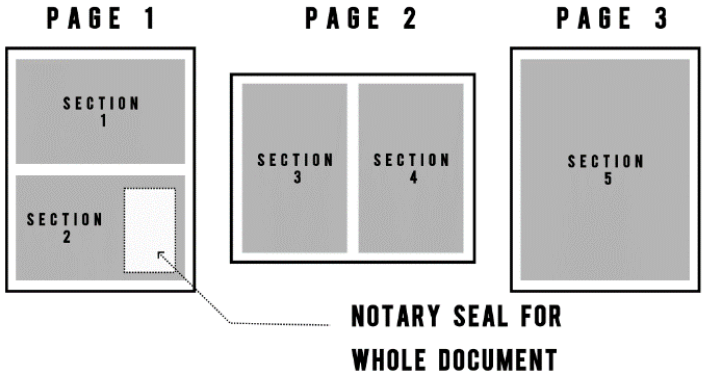
If the participant is under 18 and will be for the duration of the period specified on the form:

- Parents/legal guardians must sign each section of the document
- Participants do not need to sign any section of the document

If you have questions regarding the completion of this document please contact Tim (717-951-2518) prior to submitting it.

For the Notary Public:

All pages and sections of this form combine to constitute a single document. Your seal is meant to be given as a notarization of the entire document and all signatures contained therein.



☐ *(All sections must be signed by both parents/legal guardians if student is under the age of 18, otherwise those signatures may be omitted and signed by student only)* ✍

SECTION 1: RELEASE OF LIABILITY / CONSENT FORM FOR FALL 2026 THROUGH SUMMER 2027 MINISTRY ACTIVITIES

I, _____, _____ and _____, hereby acknowledge that I have voluntarily decided to participate in DRAMA Ministry's events and activities from September 1, 2026 through August 31, 2027. As consideration for being permitted by DRAMA Ministry to participate in these activities, I hereby agree that I, my parents, guardians, representatives and assigns will not make a claim against DRAMA Ministry or any of its affiliated organizations, employees or representatives, for injury or damage to my person or caused, by an employee, agent, representative or contractor of DRAMA Ministry or its affiliated, as a result of my participation in any DRAMA Ministry activities. These activities include but are not limited to weekly practices, transportation and participation in regular outreach events, community service and social gatherings. In addition, I hereby release and discharge DRAMA Ministry and its affiliated organizations, employees, agents and representatives from all claims, actions or demands I, my parents, guardians, representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN DRAMA MINISTRY AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURES:

SIGNATURE OF STUDENT 1:_____ **DATED:** _____

SIGNATURE OF STUDENT 2:_____ **DATED:** _____

SIGNATURE OF STUDENT 3:_____ **DATED:** _____

PARENT/GUARDIAN: _____ **DATED:** _____

PARENT/GUARDIAN: _____ **DATED:** _____

SECTION 2: PARENTAL PERMISSION TO TRAVEL

I, _____, AND I,

_____, PARENT OR GUARDIAN OF

_____, _____, AND

_____, AGREE TO ALLOW MY CHILD TO PARTICIPATE IN THE 2026-2027 TRIPS OF DRAMA MINISTRY. **I UNDESTAND THAT THIS INCLUDES PERMISSION FOR THEM TO TRAVEL ACROSS STATE AND NATIONAL BORDERS.**

FATHER'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____

DATE: _____

State:

County:

Before me, _____, a notary public, on this day personally appeared

_____

_____

_____, personally known by me or proved to me through presentation of _____ to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, 20___.

Signature of notary

SECTION 3: AUTHORIZATION FOR TREATMENT

The following is a legal document that will authorize any treatment necessary during September 1, 2026 through August 31, 2027 activities with *DRAMA Ministry*. Please read this very carefully, sign in the appropriate places and make sure that parents or guardians sign for all minors.

I, or (we) the undersigned parent(s) or legal guardians of, _____, _____, and _____, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act; or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from this state's Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the underwritten prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

___/___/___ _____
Date *Student 1's Signature for Medical Release*

___/___/___ _____
Date *Student 2's Signature for Medical Release*

___/___/___ _____
Date *Student 3's Signature for Medical Release*

___/___/___ _____
Date *Guardian or Father's Signature for Medical Release*

___/___/___ _____
Date *Guardian or Mother's Signature for Medical Release*

Telephone numbers of parents/guardians, or significant party in case of emergency:

Father:_____Home:_____/____-_____Work:____/_____-_____

Mother:_____Home:_____/___-_____Work:____/____-_____

Guardian:_____Home:____/____-_____Work:____/_____-_____

Other:_____Relationship:_____Phone:____/____-_____

Family Doctor's Name:_____Phone:_____/____-_____

Does your child have any allergies, medical diagnoses or medication needs? If yes, please list them on page 3.

SECTION 4: VERIFICATION OF INSURANCE COVERAGE

DRAMA Ministry cannot be responsible for payment of any medical costs (personal or accidental) that you may incur while participating in these 2026-2027 activities, so please complete the following section with the appropriate information if it is available. DRAMA Ministry does have travel insurance for the trip but concerns beyond that would require your personal insurance information.

Name(s): _____

_____

Social Security #(s): _____

_____

Insurance Company: _____

Policy or group #: _____

Exp. Date: _____/_____/_____

I have read the above information and I understand that DRAMA Ministry is not responsible for my medical expenses and that I am encouraged to supply my own medical insurance for this event of DRAMA Ministry.

___/___/___ _____
Date *Student 1's Signature*

___/___/___ _____
Date *Student 2's Signature*

___/___/___ _____
Date *Student 3's Signature*

___/___/___ _____
Date *Guardian or Father's Signature*

___/___/___ _____
Date *Guardian or Mother's Signature*

If not all students have the same insurance, attach a separate paper with the insurance details for each.

MEDICAL DIAGNOSES FOR STUDENT 1

MEDICATIONS AND THEIR DOSAGE SCHEDULE FOR STUDENT 1

ALLERGIES FOR STUDENT 1

MEDICAL DIAGNOSES FOR STUDENT 2

MEDICATIONS AND THEIR DOSAGE SCHEDULE FOR STUDENT 2

ALLERGIES FOR STUDENT 2

MEDICAL DIAGNOSES FOR STUDENT 3

MEDICATIONS AND THEIR DOSAGE SCHEDULE FOR STUDENT 3

ALLERGIES FOR STUDENT 3