

GRACE COMMUNITY FELLOWSHIP YOUTH MINISTRY

Event Participant Release of Liability and Authorization for Medical Treatment of a Minor

Valid September 1, 2023 - August 31, 2024

Name _____ Home Phone () _____ Date of Birth _____

Address _____

Signing Parent/Guardian Cell () _____ Emergency Contact _____ Emergency # () _____

Pertinent Medical Info: allergies, health restrictions, medications, etc. (if necessary, continue on other side)

Date of last Tetanus Shot _____ Physician _____ Phone () _____

Health Insurance _____ Subscriber's Name _____

Policy Number _____ Group # _____ Insurance Phone () _____

In case either I or the above-named Emergency Contact cannot be reached in the event of emergency illness or injury, Grace Community Fellowship and its representatives have my permission to procure medical/dental treatment for the above-named minor. I understand that Grace Community Fellowship does not provide medical insurance or reimbursement for medical or dental fees or prescriptions and that I am responsible for any and all costs arising from illness or injury that may occur to the above-named minor during activities with Grace Community Fellowship.

Signature of Parent or Guardian

Print Name

Date

In consideration for the privilege of my/my child's participation in events and transportation to or from events of the Youth Ministry of Grace Community Fellowship, I voluntarily indemnify and hold harmless Grace Community Fellowship, its Board Members, Officers, Employees, volunteers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages or expenses of any nature whatsoever (including attorney's fees) arising out of my/my child's participation in this event and which do not arise out of the negligent acts or omission of acts of a board member, officer, employee, volunteer or agent of this church, while acting within the scope of their employment or duties for the church. I understand that all activities are undertaken at the participant's own risk. In addition, I hereby agree that neither I nor my assignees, heirs, guardians, next of kin, or legal representatives shall make a claim or sue for injury or damage to me/my child due to my/his participation. I will also be responsible for any charges incurred should I/my child damage or destroy property belonging to Grace Community Fellowship or property at other event locations.

I acknowledge that I have read this document and understand it is a release of liability contract and accept its terms as a waiver of legal claim. I certify that I am over the age of 18 years.

Signature of Parent or Guardian
legal/waiver release of liability

Print Name

Date