

# APPENDIX B: ORGANIZED YOUTH ACTIVITIES PARTICIPATION & RELEASE FORM



The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name)("Participant"), to attend and participate in any Grace Life Church youth ministry activities, events, and retreats.

LIABILITY RELEASE: In consideration of Grace Life Church allowing the Participant to participate in youth ministry activities, events, and retreats, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Grace Life Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist on the medical staff of a licensed hospital or emergency care facility in any state or the District of Columbia. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved and licensed ADULT Youth Worker while attending and participating in activities sponsored by Grace Life Church. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Signature required:

_____	_____	_____
Father/Mother/Legal Guardian	Phone	Date
_____	_____	
Print name of father/mother/legal guardian	Print name of participant	
Hospital insurance? ____Yes ____No	Insurance company _____	
Policy and Group Number _____		
Physician _____	Physician Phone Number _____	
Emergency Phone Number _____	_____	_____
Name	Relationship	Phone #