

***Community Christian Church* September 2018 to August 2019**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY In consideration of participation in an event and/or activity promoted by COMMUNITY CHRISTIAN CHURCH, the undersigned (for himself, his personal representatives, heirs and next of kin) HEREBY RELEASES COMMUNITY CHRISTIAN CHURCH, and their respective officers, ministers, employees, leaders, and agents (“releasees”) of all liability to the undersigned, whether caused by the negligent act or omission of releasees or otherwise while the undersigned is for any purpose participating in such event or property use. It is fully understood by each of the undersigned that there is some inherent risk associated with any event or property usage.

IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees from any loss, liability, damage, or cost they incur due to such participation by the undersigned, and any guests (including minors) whether caused by releasees’ negligence or otherwise, and AGREES TO ASSUME FULL RESPONSIBILITY AND RISK for any bodily injury, death, or property damage from releasees’ negligence or otherwise while the undersigned is participating at this event or property use.

MEDICAL RELEASE: I hereby authorize the treatment for myself or the named minor by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the releases, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while participating in a church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact the emergency contact person below. I authorize an adult, in whose care my child has been entrusted, to consent to x-ray examination, anesthetic, medical, surgical, or dental diagnosis, including treatment and hospital care, to be rendered to my child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

INSURANCE RELEASE I understand that in the event that health coverage is needed, the undersigned parent or guardian shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to this authorization. The parent or guardian’s signature also signifies their consent to the release of the medical information/special instructions listed below to be released to COMMUNITY CHRISTIAN CHURCH’S Ministry staff as needed.

TRANSPORTATION RELEASE: I give my permission for myself or my child to be transported in a church, rental or private vehicle or common carrier. I also agree to accept all responsibility of, and expense for my student’s transportation home, if in the opinion of the leaders (staff), my student acts in an inappropriate manner, or in a way that creates a situation that could endanger the other students or adults.

PERSONAL BELONGINGS RELEASE I understand that COMMUNITY CHRISTIAN CHURCH is not responsible for personal belongings.

PHOTOGRAPH RELEASE I give permission for COMMUNITY CHRISTIAN CHURCH or its partner ministries to use photographs containing my image for informational and/or promotional purposes. In signing this release, each of the undersigned hereby acknowledges and represents the following:

Parent/Guardian name PRINTED _____

Parent/Guardian Signature _____ Date _____

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That he/she (or guardian/personal representative) has read the foregoing Release and Waiver of Liability and Indemnity Agreement; and understands that (s)he is assuming liability and indemnifying as to any minor's damage or injury. This agreement is for events and/or activities promoted by COMMUNITY CHRISTIAN CHURCH. I understand that all responsible caution will be taken by, those persons in charge to prevent injuries, but neither the leaders (staff) nor COMMUNITY CHRISTIAN CHURCH will be held responsible in case of an accident. This release is binding upon my heirs, executors and assigns.

Student

Name: _____

Name of the Parent / Guardian:

Today's Date:

Medical / Other Information:

The student named above is covered by medical insurance. YES NO

Name of Policy Holder:

Insurance Company: _____ Policy #

Group #

Primary Care Physician

Allergies to medications, foods, or other pertinent medical information:

In the case I am unable to be reached in the event of a medical emergency. I hereby give my consent for my child to be treated for personal injury at the nearest facility available and I will be responsible for all charges incurred.

Signature of Parent or Guardian: _____ Date:

Emergency Contact Person:

_____ Phone: _____

It is the responsibility of the parent/guardian to update any and all information above that has changed.

**Student
Information**

First Name _____ Last Name

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Student email address

_____ @ _____

Student mailing

address _____

City _____ State _____ Zip _____

Grade for current year? *Circle one:* 6th 7th 8th 9th 10th 11th 12th

Student DOB

____/____/____

Parent or Guardian Information

First Name _____ Last Name

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

___ *same as student* ___ *same as student*

Parent email address

_____ @ _____ ___ *same as*

student

Parent mailing

address _____ ___ *same*

as student

City _____ State _____ Zip _____

Parent or Guardian Information

First Name _____ Last Name

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
___ same as student ___ same as student

Parent email address
_____ @ _____ *same as student*

Parent mailing
address _____ *same as student*

City _____ State _____ Zip _____