

IMPACT YOUTH WAIVER FORM



NAME OF YOUTH ATTENDING EVENT (FIRST AND LAST)

PARENT/GUARDIAN NAME (FIRST AND LAST)

PHONE NUMBER

HOME: _____ CELL: _____

ADDRESS

EMERGENCY CONTACT

NAME: _____ NUMBER _____

RELATIONSHIP TO YOUTH: _____

MEDICAL ALERT (Please list any medical conditions, allergies, and medication we need to be made aware of)

HEALTH CARD NUMBER

MEDICAL RELEASE: *In the unlikely event that your child becomes sick or injured during the Impact Youth event, I do hereby authorize the directors of New Life Assembly Impact Youth to apply first aid to my child and if applicable, transport my child for medical attention either by private vehicle or ambulance, in which case I will accept full responsibility for their cost. I understand that all attempts will be made to contact me in such an event. I also understand that all events will be structured from a safety perspective.*

NAME: _____ SIGN: _____

WAIVER: *As my child participates in the Impact Youth off-site event, I understand that under no circumstances will the Church Pastors, Impact Youth Leaders, NLA staff, or Board of New Life Assembly Church be liable to me or to any other person for injuries, damages, loss of property, or costs incurred by, or resulting, from any unauthorized actions on the part of any child taking part in the Impact Youth event. I agree to allow my child to participate in the Impact Youth event in all activities. I release and indemnify New Life Assembly Church from any and all claims.*

NAME: _____ SIGN: _____

DATE: _____