



Grace Church of Dunedin Student Ministries
Waiver and Release of Liability Form
Effective January 2014 – January 2015

I (We) acknowledge that my child's participation in the Grace Church youth program is voluntary and may require involvement in activities that require traveling and physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings. I (We) acknowledge that my child's participation in any Grace Church Student Ministry activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Grace Church's Student Ministry activities, I (we) agree to the following:

Grace Church is not responsible for the loss or theft of personal belongings.

- Initial

Misconduct may result in transportation home from an activity at parent's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

- Initial

I understand and authorize that my child's image maybe photographed or filmed and used in video presentations, printed publications, and the Grace Church internet website.

- Initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors, and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Grace Church's Student Ministry activities, the following person, or entities. Grace Church, its' pastors, employees, and volunteers any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims of liabilities that I have waived, released, or discharged herein except in the case of gross negligence on the part of Grace Church, Grace Church Staff and volunteers and: C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Grace Church Student Ministry activities.

- Initial

I understand that my personal auto insurance will be responsible for my medical bills in the event of an accident involving a privately owned vehicle, a company owned vehicle, or a church rented vehicle being used for the Grace Church. I agree not to hold the owners or renters of such vehicles liable for damages, losses, diseases, or injuries incurred.

- Initial

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor name herein. I agree and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

- Initial

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries; I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Grace Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

- Initial

- Initial

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl, Diphenhydramine, or over the counter antacids, as needed.

- Initial

Child's Name (print) _____

Parent(s)/Guardian Name (print) _____

Parent(s)/Guardian Signature _____

Parent(s)/ Guardian Phone _____

Address: _____

In Case of an Emergency	
Emergency Contact:	_____
Phone #:	_____
Physician:	_____
Phone #:	_____
Allergies:	_____