GCC- 2018 Grace Student Ministry Medical Waiver

Student's Name: _____ Age: ____ Phone #: _____

Can we text you? ___ Your email address: _____

Date of Birth: ____/_____/_____ School: _____ Grade: _____

Parent email address: _____ Parents' phone # _____

Do we have permission to email you about upcoming youth events? _____

Parents' Names: _____

Your home address: _____

Allergies/special medical needs: _____

GCC Permission Slip/Liability Waiver As the parent/legal guardian of _____, I am in complete understanding that my child is participating in activities sponsored by the Youth Ministries of Grace Community Church, 2333 Roosevelt Blvd., Winchester, VA 22601. I fully understand and choose not to, and will not hold Grace Community Church, any of their agents, assigns, employees, or volunteer sponsors (hereafter all referred to as sponsors) liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in activities, except in the case of gross negligence. I authorize Grace Community Church and their sponsors to find adequate and reasonable medical treatment at my expense, if the need arises. *This waiver will serve as a medical release form, thus authorizing the sponsor permission to act on my behalf until such a time that I can be contacted*. Additionally, I understand that if my son/daughter engages in any known or unknown illegal activities at any time while participating in your events, Grace Community Church and their sponsors will not be liable for any damages or problems he or she may cause and will not be liable to perform any legal defense on their behalf. I also understand that if any problems do arise, my son/daughter will be sent home, at my expense, on the first available means of transportation at the sponsor's discretion. The parent/guardian will be contacted in the event this action is necessary. Be signing this form, I recognize that Grace Community Church may take photographs, video, and audio recordings of my child. These recordings may be used for promotional or teaching purposes on the internet, in services and in promotional materials.

Child's name_____ Parent's Name (please print) _____

Parent Signature: _____ Date: _____

I understand that by signing below, as the legal parent/guardian, I agree to and will adhere to the preceding statements and I grant permission for my child to participate in activities (signing below does not nullify your rights granted to you by local, state, and federal laws). Also, I understand that my child will be not allowed to participate if they are not accompanied by this completed form before the activities begin.

Parent/Guardian Signature _____ Date_____ Telephone _____

As a teen participant, I agree to abide by the guidelines and instructions of the youth leadership of Grace Community Church. I understand that if I disobey guidelines, instructions, and expectations of the youth leadership, I will be sent home at my parent/guardian's expense.

Participant Signature _____ Date _____

ADDITIONAL INFORMATION- Please give your child's insurance information below. This information will only be used if a situation warrants emergency medical attention. If we do not have this information, we will still seek medical treatment, but the billing issues will need to be settled between you, the insurance provider, and the medical provider. We will contact you first in the case of an emergency.

Insurance Provider Name _____ Policy# _____ Group # _____
Insured's Name: _____ Doctor Phone #: _____
Parents: Please add any information about your child that would be helpful for the youth leadership: _____
_____
_____