

Bowling Green Christian Church

Student Ministries Permission/Waiver Form

Name of Child (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Age of Child _____ Birth Date _____ Academic Grade ('16-'17) _____

School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **Bowling Green Independent Christian Church (BGCC)** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release **BGCC** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. The release of liability is also intended to cover all claims that members of the child's or their family or estate, heirs, representatives, or assigns may have against **BGCC** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **BGCC** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of accident, illness, or other health condition or injury. I do hereby give permission for agents of **BGCC** to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Internet & Social Media Permission

I also understand that **BGCC** employees or volunteers may take photographs or video recordings of my child that might be used in future promotional materials or social media. I understand that there will be no financial or any other remuneration for the recording of me or my child, either for initial or subsequent transmission or payback. I also understand that **BGCC** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Events and Field Trips

I understand that the child named above will be participating in Youth Events during the time period of June 1, 2016 through May 31, 2017, some of which may include travel outside of the state. I further agree to pick up my child from any event (near or far) should they become a discipline problem.

Signature of Participant _____ Date _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name: _____ Relation _____

Home Phone: _____ Work Phone _____

Medical History

Write below special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Write below any other information leaders should know about the child:

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of **BGCC**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **BGCC**, I hereby consent to the Permission/Wavier Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Wavier Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____

Date _____

Print Name of Parent or Legal Guardian _____

Health Insurance Information (in case of emergency)

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Medical Doctor _____ Phone Number _____