



***LCF Rise Youth Group Waiver & Parental Consent Form  
Emergency Medical Release and Liability Waiver***

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Participant's Home Phone # \_\_\_\_\_ Participant's Cell Phone # \_\_\_\_\_

Participant's E-Mail \_\_\_\_\_ Family E-Mail \_\_\_\_\_

**Emergency Information**

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Alternate # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Alternate # \_\_\_\_\_

**In an emergency when parent/guardian cannot be reached, please contact the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell#/Alternate # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell#/Alternate # \_\_\_\_\_

**HEALTH CONCERNS** (Please identify any allergies (to include foods), health problems, **medications**, or other health concerns):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Dental Provider: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Grp# \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

*Additional Information that May Be Helpful* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.*

**DISCLAIMER**

Liberty Christian Fellowship and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "Liberty Christian Fellowship and/or LCF"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Liberty Christian Fellowship and all related activities associated with the Liberty Christian Fellowship, including injury, loss or damage.

**ASSUMPTION OF RISKS**

IN CONSIDERATION OF Liberty Christian Fellowship allowing me or my child to participate in events, activities, or travel with LCF and all related activities associated with the LCF, including participation in **Rise Youth Programming from January 1<sup>st</sup>, 2020 through December 31<sup>st</sup>, 2020** inclusive, and all activities related to the Youth Group (collectively referred to as the "Activities"). I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

**RELEASE OF LIABILITY and AGREEMENT**

IN CONSIDERATION OF Liberty Christian Fellowship allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE Liberty Christian Fellowship** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS Liberty Christian Fellowship** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS Liberty Christian Fellowship** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

**YOUTH PARTICIPATION CONSENT**

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Youth Group, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth Group, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth Group activities. At all Youth Group events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the Youth Group or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as LCF deems necessary.

**Acknowledgment of Parent or Guardian of Participant:**

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Youth Group, including any use of private or public transportation deemed necessary by the persons in charge of the Youth Group for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Group. We also understand that the participant may be photographed or appear in video for such purposes as the LCF deems necessary.

**ACKNOWLEDGEMENT and SIGNATURE**

**I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT** that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization and Acknowledgment shall be effective from and including  
January 1<sup>st</sup> 2020 through December 31<sup>st</sup>, 2020**

\_\_\_\_\_  
Signature of Parent or Guardian      Date  
*(if Participant is under 18 years of age)*

\_\_\_\_\_  
Signature of Participant      Date

\_\_\_\_\_  
Printed Name of Parent      Date

\_\_\_\_\_  
Printed Name of Participant      Date