

## Minor Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in all activities and events of the Faith GEMS organization conducted at **Faith Christian Reformed Church, Tinley Park, IL** or elsewhere, including, but not limited to Camp Tecumseh (Brookston, IN), lesson field trips, and local service projects from September 1, 2023-August 31, 2024.

I recognize that there are risks involved in participating in all activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in any activity.

I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my minor child being on the premises and participating in the activities as aforesaid, and on behalf of myself and my minor child, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE **Faith Christian Reformed Church, Tinley Park, IL**, and release it from any liability related to COVID-19 which might occur as a result of their being on the premises and participating in the activities.

To the fullest extent permitted by law, I release **Faith Christian Reformed Church, Tinley Park, IL**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to indemnify, defend, and hold harmless **Faith Christian Reformed Church, Tinley Park, IL**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in any activity, including the infection of COVID-19 or any other illness or injury.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

# Release and Waiver of Liability Form for Faith Christian Reformed Church GEMS Girls Club

**Please provide emergency contact information: (PLEASE PRINT)**

Name of Child: \_\_\_\_\_

*First*

*Middle*

*Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2023-2024 Grade: \_\_\_\_\_

M D Y

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*First*

*Last*

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*First*

*Last*

E-mail address: \_\_\_\_\_

**In the event that the parent/guardian cannot be reached, please contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*First*

*Last*

Relationship to Child: \_\_\_\_\_

Additional comments regarding medical history, allergies, or drug reactions, etc. which may be needed in treatment:

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

Date of last Tetanus Shot: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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I also give permission for my daughter to be photographed for use in GEMS **promotional materials**, including Faith's GEMS Photo Board in the Fellowship Hall at Faith Church, Faith's website, and GEMS International promotion. Girls will not be identified by name. Please choose one option and sign.

\_\_\_\_\_ Faith GEMS **HAS** permission to post pictures of my daughter on the GEMS Photo Board in the Fellowship Hall, Faith GEMS page on Faith's website, and GEMS International promotion.

\_\_\_\_\_ Faith GEMS **DOES NOT** have permission to post pictures of my daughter on the GEMS Photo Board in the Fellowship Hall at Faith Church, Faith GEMS page on Faith's website, and GEMS International promotion.

Parent/Guardian Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name Signature \_\_\_\_\_ Date \_\_\_\_\_