



Grace
community church
525 Glenn Avenue
Washington C.H., Ohio 43160
740.333.5433 | gracecommunity.net

Blanket Permission Form

Effective Dates: August 1, 2020 – August 31, 2021

YOUTH INFORMATION

Name _____ Birthdate _____ Male/Female

Grade _____ School _____

Primary Address _____

Secondary Address _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where parent/guardian can be reached (such as home, cell, work)

Name _____ # _____ Type _____

Name _____ # _____ Type _____

Name _____ # _____ Type _____

Name _____ # _____ Type _____

EMERGENCY CONTACT INFORMATION

Name _____ # _____ Relation _____

Name _____ # _____ Relation _____

PARENTAL/GUARDIAN CONSENT and LIABILITY RELEASE for the following Minor

(Child's Name)

I, _____
(Parent/Guardian Name)

hereby give my permission for the above named minor to attend and participate in any Grace Community Church children/youth activities, events, retreats and childcare during the period of September 1, 2020 – August 31, 2021.

It is my intention by this agreement to exempt and relieve Grace Community Church and its Officers, Agents, Servants, or Employees from LIABILITY for personal injury, property damage, or wrongful death of the above named minor caused by any act of negligence of Grace Community Church and its Officers, Agents, Servants, or Employees. For and in consideration of permitting the above named minor to observe, or use any facility or equipment of Grace Community Church or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** at or sponsored by Grace Community Church of Washington Court House, Ohio, beginning on the day of , the undersigned parent and/or guardian of the above named minor: **hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to the above named minor as a result of the above named minor's observing or using facilities or equipment of Grace Community Church or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.**

The undersigned parent or guardian of the above named minor for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Grace Community Church or its officers, agents, servants, or employees, the undersigned parent or guardian **will indemnify and hold harmless Grace Community Church and its officers, agents, servants, or employees** from any and all claims or causes of action by the above named minor or by any other person or entity, by whomever or wherever made or presented, and **under no circumstances will the undersigned parent or guardian of Grace Community Church present any claim against Grace Community Church and said persons for personal injuries, property**

damage, wrongful death, or otherwise, caused by any act of negligence Grace Community Church and said persons.

The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, **assumes all risks associated with such dangers and risks,** and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

PHOTO RELEASE PERMISSION

I grant permission to Grace Community Church, Washington Court House, Ohio, its employees and agents, to take and use visual/audio images of the aforementioned minor youth/child. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Grace Community Church will not materially alter the original images. I agree that Grace Community Church owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as sponsored web sites, social media, publications, promotions, broadcasts, advertisements, posters and theater slides. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Grace Community Church and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of or use of the images or printed material used with the images.

A Pledge From Grace Community Church

In these days in which we live, it is an unfortunate reality that people often use media technology in a manner intended to take advantage of someone else. We are committed to using media technology for the purpose of serving God and serving His people in a manner consistent with wholesomeness and fairness, never to harm, take advantage of or embarrass someone.

(Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

TRANSPORTATION PERMISSION

I do hereby give my permission for my youth/child to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Grace Community Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

(Name of Minor Child) (Signature of Minor Child) (Date)

(Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)

Medical Information

YOUTH FULL NAME _____

PARENT/GUARDIAN NAME _____

Phone # to Contact _____

NON-PARENT/GUARDIAN CONTACT NAME _____

Phone # to Contact _____

MEDICAL INFO ON YOUTH/CHILD

Allergies or Allergic Reactions _____

Medicine being taken by my Youth/Child _____

Other medical info regarding my child's health that a doctor should know

PRIMARY CARE PHYSICIAN

Name _____

Name of Practice _____

Phone # _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company _____

Phone # _____

Policy/Group ID# _____

Policy Holder's Name _____

MEDICAL TREATMENT PERMISSION

I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above mentioned child or youth pursuant to this authorization.

(Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)