

**Christian Church of Mountain Home  
2019**

**Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and  
Emergency Medical/Contact Information for Children and Youth Activities**

**Child/Youth name:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Birth date:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent(s)/Custodial Adult(s)' Name(s):** \_\_\_\_\_

**Parent(s)/Custodial Adult(s) Phone numbers:**

**Work phone(s):** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell phone(s):** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**In case of emergency contact:**

**1) Name:** \_\_\_\_\_ **Daytime phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Daytime phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name and phone number of primary treating physician:** \_\_\_\_\_

**Allergies (including medications child/youth can NOT take):**

**Is participant subject to (circle all that apply):**

**Fainting Spells**  
**Heart Trouble**  
**Sleepwalking**

**Epilepsy**  
**Ulcers**  
**Homesickness**

**Appendix Out? Y N**

**Diabetic? Y N**

**Can Student Swim? Y N**

**Has the student had a tetanus shot? Y N Date:**

**Authorization to Obtain Urgent or Emergency Medical Care**

As the parent(s) or custodial adult(s) of \_\_\_\_\_ (child/youth's name), I/we give permission for Christian Church of Mountain Home, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

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Parent/Custodial Adult

\_\_\_\_\_  
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Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Date

**Medical Insurance Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Participant I.D. Number:** \_\_\_\_\_

**Medical Insurance Phone Number:** \_\_\_\_\_

**Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement**

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I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

\_\_\_\_\_  
Parent/Custodial Adult                                  Parent/Custodial Adult                                  Date

**Permission to Travel in Vehicle with One Adult Present**

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

(Yes)                                  (No)

\_\_\_\_\_  
Parent/Custodial Adult                                  Parent/Custodial Adult                                  Date

**Photo Permission**

I/we understand that my child may be photographed while participating in the activities of Christian Church of Mountain Home. I/we **(do)** or **(do not)** give permission for a recognizable image of my child to be posted on the Christian Church of Mountain Home website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

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**Is participant subject to (circle all that apply):**

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**Sleepwalking**

**Epilepsy**  
**Ulcers**  
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Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Date

**Medical Insurance Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Participant I.D. Number:** \_\_\_\_\_

**Medical Insurance Phone Number:** \_\_\_\_\_

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Parent/Custodial Adult                      Parent/Custodial Adult                      Date

**Permission to Travel in Vehicle with One Adult Present**

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

(Yes)                      (No)

\_\_\_\_\_  
Parent/Custodial Adult                      Parent/Custodial Adult                      Date

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**Allergies (including medications child/youth can NOT take):**

**Is participant subject to (circle all that apply):**

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Policy/Group Number: \_\_\_\_\_

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**Relationship:** \_\_\_\_\_ **Evening phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Daytime phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name and phone number of primary treating physician:** \_\_\_\_\_

**Allergies (including medications child/youth can NOT take):**

**Is participant subject to (circle all that apply):**

**Fainting Spells**  
**Heart Trouble**  
**Sleepwalking**

**Epilepsy**  
**Ulcers**  
**Homesickness**

**Appendix Out? Y N**

**Diabetic? Y N**

**Can Student Swim? Y N**

**Has the student had a tetanus shot? Y N Date:**

**Authorization to Obtain Urgent or Emergency Medical Care**

As the parent(s) or custodial adult(s) of \_\_\_\_\_ (child/youth's name), I/we give permission for Christian Church of Mountain Home, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Date

Medical Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Participant I.D. Number: \_\_\_\_\_

Medical Insurance Phone Number: \_\_\_\_\_

**Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement**

I/we give permission for \_\_\_\_\_ (name of child/youth) to participate in the activities of Christian Church of Mountain Home, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Christian Church of Mountain Home, I/we release Christian Church of Mountain Home, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Christian Church of Mountain Home; and I/we agree to indemnify and hold forever harmless the Christian Church of Mountain Home, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Christian Church of Mountain Home or resulting from traveling to or from the activities of Christian Church of Mountain Home, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

\_\_\_\_\_  
Parent/Custodial Adult    Parent/Custodial Adult    Date

**Permission to Travel in Vehicle with One Adult Present**

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

(Yes)    (No)

\_\_\_\_\_  
Parent/Custodial Adult    Parent/Custodial Adult    Date

**Photo Permission**

I/we understand that my child may be photographed while participating in the activities of Christian Church of Mountain Home. I/we (**do**) or (**do not**) give permission for a recognizable image of my child to be posted on the Christian Church of Mountain Home website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

\_\_\_\_\_  
Parent/Custodial Adult    Parent/Custodial Adult    Date



**Medical Insurance Company:** \_\_\_\_\_

**Policy/Group Number:** \_\_\_\_\_

**Participant I.D. Number:** \_\_\_\_\_

**Medical Insurance Phone Number:** \_\_\_\_\_

**Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement**

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I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

\_\_\_\_\_  
Parent/Custodial Adult                                  Parent/Custodial Adult                                  Date

**Permission to Travel in Vehicle with One Adult Present**

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.

(Yes)                                  (No)

\_\_\_\_\_  
Parent/Custodial Adult                                  Parent/Custodial Adult                                  Date

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\_\_\_\_\_  
Parent/Custodial Adult                                  Parent/Custodial Adult                                  Date