

KEEP IT REAL Events Parental Release Form

Program: KEEP IT REAL Events Date(s): January 1, 2016 - January 1, 2017

Name of Youth _____

DOB _____ Grade _____

Name of parent(s) or guardian(s)

Address _____

Home telephone _____

Cell phone _____

Alternate Emergency Contact: (Name, Relationship, Phone Number)

My minor child, as listed below, has my permission to fully participate as a youth of Grace Center Church in all activities associated with the KEEP IT REAL Youth events.

In connection with and consideration of my child's participation in this event, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any KEEP IT REAL Youth Events related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the KEEP IT REAL Youth Event and its related activities. There is potential for accidents and/or injuries arising from:
 - a. Participating in activities associated with this program
 - b. Transportation by public carrier, commercial airline or vehicle driven by volunteer or Grace Center Church member.
 - c. Residing in a dorm/hotel/motel/town home/cabin with youth and/or adults of the same gender
 - d. Fire and/or weather-related events

2. I understand that my child is not in any way required to participate in the KEEP IT REAL Youth Events, but I want them to participate, despite the possible dangers and despite this Release.
3. I represent and warrant that my child has no physical, health related or other problems which would preclude or restrict their participation in the KEEP IT REAL Youth Events or otherwise render their participation dangerous or harmful to them or to others. I further represent and warrant that my child has adequate medical, health and/or other insurance for participation.
4. Knowing the dangers, hazards and risks associated with the KEEP IT REAL Youth Events, and with sufficient knowledge of my child's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation in the event and related activities
5. I agree that my child must abide by all rules and regulations applicable to participation in the KEEP IT REAL Youth Events. Should my child require emergency medical treatment or first aid as a result of illness or injury associated with the KEEP IT REAL Youth Events or related activities, I consent to such first aid and/or treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, Grace Center Church employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the KEEP IT REAL Youth Event and/or related activities, whether due to the negligence, mistake or other action or inaction of Grace Center or any other person or entity.
7. I give my consent to my child being photographed in during KEEP IT REAL Youth Events activities to use on the KEEP IT REAL website, Facebook or other media.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent(s) or Guardian(s) & Date

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication?

Circle: Yes No If yes, please explain:

Does your youth have any allergies to medicine, food, or environment?

Circle: Yes No If yes, please identify the allergen and the reaction severity:

Does your youth carry an epi-pen? Circle: Yes No

If yes, in an emergency do you give KEEP IT REAL Leader permission to administer the epi-pen?

Circle: Yes No If yes, please initial here _____

Does your youth have, or has your youth ever had to deal with any of the following?

Asthma	Yes	No	Anorexia	Yes	No
Hay Fever	Yes	No	Bulimia	Yes	No
Kidney Disease	Yes	No	Depression	Yes	No
Diabetes	Yes	No	Over-Heating	Yes	No
Heart murmur	Yes	No	Self Harm	Yes	No
Seizures	Yes	No	Sleepwalk/Night Terrors	Yes	No

Please explain any Yes Answers.

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Circle Yes No If yes, please explain.

Family Doctor _____

Doctor's Telephone (_____) _____

Insurance Co. _____

Policy No. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Grace Center Church, and any other supervised activities customarily associated with its youth group. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. I understand the risk of injury or death and will not hold Grace Center liable for any unfortunate incidence.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize KEEP IT REAL Youth's adult chaperones designated by the pastor, to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Grace Center will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth director in writing of any health changes that would restrict my youth's participation in any normal youth activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within the physical capabilities of my youth.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE PROVIDED COMPLETE ACCURATE INFORMATION. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent(s) or Guardian(s) & Date

