



Grace Kids Summer Events Liability Release Form

Effective Date(s): June 2021-August 2021

Name of Child: _____

DOB: _____ Grade: _____

Name of parent(s) or guardian(s):

Address:

Home Phone: _____ Cell Phone: _____

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



My minor child, as listed above, has my permission to fully participate as a child of Grace Center Church in all activities associated with Grace Kids.

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 Grace Kids 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 Grace Kids 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 child 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 Grace Kids.

3. I represent and warrant that my child has no physical, health related or other problems which would preclude or restrict their participation in Grace Kids 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 Grace Kids 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 Grace Kids Events. Should my child require emergency medical treatment or first aid as a result of illness or injury associated with Grace Kids 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 Grace Kids 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 during Grace Kids activities to use on the Grace Center website, Facebook or other media.



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 Grace Kids Staff 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.

Child'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 children's ministry activities of Grace Center Church, and any other supervised activities customarily associated with its youth group. Further, I certify that my child 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 Grace Center's Grace Kids 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 children activities. I also understand that the youth leader and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child



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

Signature

Date

Signature

Date