

Grace Bible Church Youth Ministries

Permission & Liability Form

Student(s) Information:

<u>Name:</u>	<u>DOB:</u>	<u>Grade:</u>	<u>Phone Number:</u>	<u>Email Address:</u>
<u>Address:</u>	<u>Allergies:</u>		<u>Insurance Company & Policy Number:</u>	<u>Shirt Size:</u>
<u>Name:</u>	<u>DOB:</u>	<u>Grade:</u>	<u>Phone Number:</u>	<u>Email Address:</u>
<u>Address:</u>	<u>Allergies:</u>		<u>Insurance Company & Policy Number:</u>	<u>Shirt Size:</u>
<u>Name:</u>	<u>DOB:</u>	<u>Grade:</u>	<u>Phone Number:</u>	<u>Email Address:</u>
<u>Address:</u>	<u>Allergies:</u>		<u>Insurance Company & Policy Number:</u>	<u>Shirt Size:</u>
<u>Name:</u>	<u>DOB:</u>	<u>Grade:</u>	<u>Phone Number:</u>	<u>Email Address:</u>
<u>Address:</u>	<u>Allergies:</u>		<u>Insurance Company & Policy Number:</u>	<u>Shirt Size:</u>

Parent or Guardian's Contact Information:

<u>Name:</u>	<u>Cell Number:</u>	<u>Address:</u>	<u>Email Address:</u>
<u>Name:</u>	<u>Cell Number:</u>	<u>Address:</u>	<u>Email Address:</u>

I _____ (Parent or Guardian) hereby give permission to _____ (Students Name) to attend the _____ (List Event for example: NYE Party, Hills Alive or another youth event) with Grace Bible Church on _____ to _____.

Release: I hereby agree my children may attend the Event. I further agree to waive and release any claims I might have on behalf of myself or my children for personal injury, property damage, property loss or death. I discharge and release the Grace Bible Church, its officials, agents, employees, and volunteers from any liability, which might exist because of my children's participation in this Event. I also give permission to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. I also give the above-named child(ren) permission to ride in the provided vehicles that will be transporting the participants during this event I have read this Release and understand its terms. I hereby sign this Release voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____