

**CITY CHURCH STUDENT MINISTRIES
WAIVER AND RELEASE FROM LIABILITY**

Effective June 20__ to June 20__

I(We) acknowledge that my child's participation in the City Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: athletic games, local and regional excursions, and meetings. I(We) acknowledge that my child's participation in any City Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the City Church youth program activities, I(we) agree to the following:

Initial _____

City Church is not responsible for the loss or theft of personal belongings.

Initial _____

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial _____

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in City Church's youth activities, the following persons or entities: City Church, its pastors, employees, and volunteers: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of City Church, its staff or volunteers and: c) **I indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions.

I hereby assume the risks of my child participating in all City Church youth activities.

Initial _____

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to City Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial _____

I give my permission for my child's image to be used in both City Church's and it's Young Life partnership related promotional material. Said material shall include, but shall not be limited to: video presentations; photo presentations; printed publications; ministry websites; Instagram; YouTube; Vimeo. I understand that my child's name will not be used in conjunction with any photos or video images without my written permission.

Initial _____

I give my permission to the staff to administer antibiotic ointment (Neosporin), Tylenol/Acetaminophen, Motrin/Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

Student's name _____

Parent(s)/Guardian signature _____

Parent(s)/Guardian Phone _____ Date _____