

PERMISSION/WAIVER FORM FOR YOUTH

Name of Child or Youth Participant \_\_\_\_\_

Parents and/or Legal Guardian \_\_\_\_\_

Address City, State, Zip \_\_\_\_\_

Birth date of child \_\_\_\_\_

Academic grade and school \_\_\_\_\_

**Functions and Activities:** It is my understanding that participating in the programs recreational, and other activities of CENTRAL ASSEMBLY OF GOD during January 2010 through January 2011 is a privilege. Prior to my child/youth's participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability:** By signing this Permission/Waiver Form, I expressly warrant that the child/youth named above is capable of withstanding the physical demands of the activities discussed above. I also expressly assume all risks of the child or myself participating in the activities, whether such risks are known or unknown to me at this time. I further release CENTRAL ASSEMBLY OF GOD and its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless CENTRAL ASSEMBLY OF GOD and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment:** I recognize that there may be occasions where the child named above may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of CENTRAL ASSEMBLY OF GOD to seek and secure any medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physicians(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Special Events and Field Trips:** I understand that the child/youth named above will be participating in various activities from January 1, 2010 through January 1, 2011. I understand that during this period my child/youth may take part in activities such as: Winter Retreat, Youth Convention, and other activities consistent with the purposes of the church. I also understand that I may be asked to sign Special Permission Slips in addition to this form.

**Publicity On Occasion:** CENTRAL ASSEMBLY OF GOD takes photographs or makes an audio or video tape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in CENTRAL ASSEMBLY OF GOD publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

**Health Insurance Information:**

Emergency Contacts \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Relationship \_\_\_\_\_

Medical Doctor \_\_\_\_\_

Home Phone \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Work Phone \_\_\_\_\_

MEDICAL HISTORY: SPECIAL MEDICAL NEEDS OR CONCERNS, MEDICATIONS, ALLERGIES, DIETARY NEEDS, CONDITIONS AND/OR OTHER INFORMATION THAT LEADERS SHOULD KNOW ABOUT YOUR CHILD/YOUTH SHOULD BE LISTED AT THE BOTTOM OF THIS PAGE.

**Parent/Guardian Authorization:** I represent that I am the parent/guardian of the above child, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of CENTRAL ASSEMBLY OF GOD, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of CENTRAL ASSEMBLY OF GOD, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's/youth's medical status, etc.

**YOUNG PERSON'S AGREEMENT:** I agree to participate in the functions and activities of CENTRAL ASSEMBLY OF GOD, to cooperate with the leaders and other young people and to conduct myself as a Christian. I promise to respect God, other persons, and property. I understand that my continued participation depends on my support of this agreement.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of Young Person \_\_\_\_\_ Date \_\_\_\_\_