

Church of the King

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Youth Ministry Permission/Waiver Form

Name of Child (please	print)		
Parent(s) and/or legal g	guardian(s) of child partici	pant	
Address			
Home Phone ()		Other Phone ()	
Age of Child	Birth Date	Academic Grade	
School		-	

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **Church of the King** is a privilege. Prior to my 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 named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release **Church of the King** and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **Church of the King** or its leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Church of the King** and its 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 emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Church of the King** to seek and secure any needed 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 physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Events and Field TripsI understand that the child named above will be participating in Youth Events during the 2009-10 year.

Health Insurance Information	
Insurance Company	Policy Number
Insurance Company Phone Number	
Medical Doctor	Phone number
Emergency Contacts	
Names of persons and telephone numbers	to call in case of emergency:
Home Phone	Relation Work Phone
Swimming Ability	
Non-swimmer	arranal minutas in daan rratan)
Beginner (capable of swimming for s	
Moderate (capable of swimming several Advanced (capable of swimming long)	a distances
Advanced (capable of swittining long	g distances)
Medical History	
· · · · · · · · · · · · · · · · · · ·	ies, conditions, dietary needs, medications, etc.):
Other Information Other information leaders should know al	bout the child or adult participant:
involved in church/youth activities. I con the one named above to be used, distribut	shotographs or makes an audio or video recording of children asent to the use of any such photos, audio, or video record of sed or displayed as agents of the church see fit. I do not give permission for publicity
I give permission for the child named abouncluding any special events/activities desthe child in the activities of Church of th including the Release of Liability above,	nor of, who is under 18 years of aiver Form and am fully familiar with the contents thereof. ove to participate in the activities of Church of the King , scribed above. In consideration for allowing the participation of the King , I hereby consent to the Permission/Waiver Form, on behalf of the child, and agree that this Permission/Waiver ly, heirs, legal representatives, successors, and assigns.
Signature of Parent or Legal Guardian	Date
Print Name of Parent or Legal Guardian _	

Note: Does not need to be notarized unless event is overseas.