



HOLLY GROVE CHRISTIAN CHURCH YOUTH PERMISSION FORM

Participant Child Information (Child):

Participant Child Name: _____ Date of Birth: _____

Custodial Parent or Guardian (Parent):

Name: _____ Relationship to Child: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contacts:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Medical conditions, allergies or impairments which may be material to participation in the Planned Activities:

READ CAREFULLY. THIS PERMISSION IS A LEGAL DOCUMENT WHICH PROVIDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

I (We) the Parent(s) give permission for my(our) above named Child to engage in the Children Worship & Wonder, Sunday School, Youth Group, and Nursery Programs provided by Holly Grove Christian Church. I (We) understand that there are numerous risks associated with participation in any youth outdoor, athletic and social activities including intentional or unintentional acts or events arising from circumstances or individuals over which the Church has only limited control or no control whatsoever. Should my (our) child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my (our) absence, I (we) hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances. In consideration for the privilege of allowing my (our) Child to participate in the Planned Activities, I agree to release, hold harmless, defend and indemnify the Church, its officers, agents, employees and volunteers, from any liability or responsibility for bodily injury, damage or illness to my (our) Child arising out of participating in any youth outdoor, athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers, agents, employees or volunteers, with respect to any claim asserted by or on behalf of my (our) Child as a result of bodily injury, illness, or damage. It is understood that no medications will be administered to any Child, and it is expected that daily medications will have been administered as needed before arrival at daily activities. It is understood with respect to any injury or illness that may occur in the course of the Planned Activities that any health insurance available to the Child's family or guardian shall be primary coverage. The Church shall be responsible only for family deductibles and co-payments within the limits of Medical Payments coverage carried by Church.

Parent/Legal Guardian Signature: _____ Date: _____