

City View Church - 2024

Release, Waiver of Liability, and Indemnity Agreement, Emergency Medical/Contact Information for Children and Youth Activities

Youth Name: _____ Birth Date: ___/___/___

Complete Name of Student Participating

Address: _____ City State Zip: _____

Home Phone: _____ Cell Phone: _____

Parent(s)/Custodial Adult(s) Name(s):

Work phone(s): _____

Cell phone(s): _____

Parent Email: _____

In case of emergency contact:

1) Name: _____ Daytime Phone: _____

Relationship: _____ Evening Phone: _____

2) Name: _____ Daytime Phone: _____

Relationship: _____ Evening Phone: _____

Name and phone number of primary treating physician:

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care:

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for City View Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission Slip

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____
Name of Participant

To participate in **Youth Summer Camp on July 15th-18th, 2024** with City View Church. At the Pinecrest Christian Conference Center. In consideration of the opportunity of my/our student to participate in the activities of City View Church, I/we release City View Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our student arising from my/ our student's participation in the activities of City View Church; and I/we agree to indemnify and hold forever harmless the City View Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our student arising from activities on or off the premises of City View Church or resulting from traveling to or from the activities of City View Church, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our student's medical and insurance information as changes occur.

Signature _____

Photo Non-Permission

I/We understand that my child may be photographed while participating in the activities of City View Church. I/We DO NOT give permission for a recognizable image of my child to be posted on the City View Website, bulletin boards, or social media relating to City View Church.

I DO understand that a non-recognizable image, such as a group picture, may be posted on the City View Website, bulletin boards, or social media relating to City View Church.

Parent/Custodial Adult

Signature: _____

Date: _____