

Little Country Church Release, Waiver of Liability, and Indemnity Agreement

Student Name: _____ Sex: M / F Birth date: ____/____/____ Students Cell: _____ Graduation Year: _____

E-Mail: _____ Address: _____ City: _____ Zip Code: _____ School: _____

Parent(s)/Custodial Adult(s):

Name: _____ Relationship: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____

Name: _____ Relationship: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____

Emergency contacts WHEN THE PARENT(S) CANNOT BE REACHED:

Name: _____ Relationship: _____ Phone: _____ Name: _____ Relationship: _____ Phone: _____

Authorization to Obtain Urgent or Emergency Medical Care / Medical Record and Release:

The undersigned do hereby authorize, Little Country Church in Redding, staff, and volunteers, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the MEDICINE PRACTICE ACT or of any dentist licensed under the DENTAL PRACTICE ACT, at a hospital or elsewhere. In the absence of parent or guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor. First aid and non-prescription medication will be administered at the adult leader's discretion, with the following exceptions: _____

Will Medications be needed for your student? Yes / No Please List with Instructions: _____

Allergies / Special Health Concerns: _____

Date of last Tetanus shot: ____/____/____ Medications your child CANNOT Take: _____ Physician Name: _____ Phone: _____

Medical Insurance Company: _____ Medical Insurance Phone Number: _____ Policy/Group Number: _____ Participant Number: _____

Name, Address & Phone Number of Employer where coverage is located: _____

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

I/we give permission for _____ to (name of child/youth) participate in the activities of Little Country Church, both on the church premises and elsewhere. In thought of the opportunity of my/our child/youth to participate in the activities of Little Country Church, I/we release Little Country 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 child/youth arising from my/our child/youth's participation in the activities of Little Country Church; and I/we agree to indemnify and hold forever harmless the Little Country Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Little Country Church or resulting from traveling to or from the activities of Little Country 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 child/youth's medical and insurance information as changes occur.

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Little Country Church. I/we give permission for a recognizable image of my child to be posted on the Little Country Church websites, bulletin boards, LCC Facebook groups, or used in promotional materials. I understand that the Little Country Church will not include my child's last name or any identifying information. I understand that a non-recognizable image, such as a group picture, may be posted as well.

Disciplinary Agreement

I/ we understand that, while the above-named child participates in any regularly sponsored activities, or special events he or she is responsible to abide by the rules set forth by the sponsoring ministry, its leader and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from the program. In the event your child is dismissed from the program, I/we the undersigned, agree to assume the cost of returning the child to his or her home. We also agree to forfeit any possible refund. (We understand that such action would only be taken under extreme circumstances and only after direct consultation with the child's pastor and parent or guardians)

I/ we the undersigned am in agreement with and consent to each the above items; ***Authorization to Obtain Urgent or Emergency Medical Care / Medical Record and Release, Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement, Photo Permission and Disciplinary Agreement.*** This authorization will remain effective while the above minor is in the care of Little Country Church in Redding from the dates October 1, 2011 through and including December 31, 2012 unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

Signature of Parent/Guardian: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____