

**GRACE COMMUNITY FELLOWSHIP STUDENT MINISTRIES
ACKNOWLEDGEMENT/AGREEMENT/WAIVER/ASSUMPTION OF RISK
SEPTEMBER – JUNE 20_____**

Participant's Name _____		
Last	First	M.I.
Phone _____ Birthdate ____/____/____		
Age _____ Grade _____ School _____		
Home Address _____		
City _____ State _____ Zip _____		

I, the undersigned, (hereinafter referred to as the "Undersigned") do agree to indemnify GRACE COMMUNITY FELLOWSHIP (herein "GCF") upon the reception of this ministry/acknowledgement/agreement/waiver/assumption of risk agreement to indemnify (hereinafter referred to as the "Agreement") and hereby grant permission to the above named person to participate (hereinafter "Participant") in the student ministries of GCF subject to the following conditions, requirements and Agreement:

1. The Undersigned (parent/legal guardian of the above name Participant or the above named adult Participant) understands, acknowledges, and agrees that this agreement applies whether the Participant or is an observer, a bystander, or an active participant, where the activity is a the above state premises, adjacent to GCF properties, or on an outing, including traveling to and from such activities.
2. I understand that at all times the Participant must obey and show respect for all the GCF volunteers, pastors, staff, interns, (hereinafter "Staff") and all the GCF rules during GCF functions. Failure to do so may result in the Participant being sent home at the Undersigned's expense.
3. In consideration and upon the reception of this Agreement, the Undersigned hereby releases GCF on behalf of the above name Participant, his/her heirs, assigns, and legal representatives from any and all liability for personal injuries or property damage/loss or death arising out of the Participant's involvement. The Participant and Undersigned agree never to sue any GCF Staff or entities in connection with any and all damages, losses, claims, demands, rights actions, and causes of action of whatever nature whether injuries, death, or damages/losses to the property of the Participant.
4. The Undersigned agrees for himself/herself, and for his/her heirs and legal representatives to indemnify GCF, its Staff, claims, judgments, costs of litigation and attorney's fees, which may and in any way and at any time result from the Participant's involvement in GCF student ministries.
5. GCF may immediately revoke this Agreement for any violations of any of its terms.
6. I warrant to GCF that all the information given on this form is true, current and accurate.
7. I give permission to GCF staff to send the participant home GCF staff's discretion and at my cost.

8. I as the parent/legal guardian of the Participant have read, understand and consent to the terms above and to the minor becoming a Participant.

X _____ Date _____
Parent/Legal Guardian Signature

Relationship to Participant

(over)

GCF Emergency Medical/Dental Release and Consent Agreement

Participant's Name _____ Date _____

1. The Undersigned does hereby authorize GCF Staff to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named Participant which is deemed advisable by and to be rendered under the general or specific supervision of any licensed physician or surgeon, or any licensed dentist at any hospital, dental office, or elsewhere.
2. I understand that my insurance and/or my finances will cover any such treatment; GCF will not be liable whether or not I am insured. I understand that it is my responsibility to inform in writing the GCF Staff in the case that the Participant's information, insurance carrier, or medical/physical condition changes. I understand that incidents, accidents, physical/medical, and dental emergencies which occur on retreats, camps, outings, trips, missions and activities will be treated at the nearest hospital or medical/dental facility whether or not my insurance applies at such facilities and I assume total financial responsibility for payment of all such services.
3. It is understood that an effort shall be made to contact the Undersigned prior to rendering treatment to the Participant, but that any of the above treatment will not be withheld if the Undersigned is not reached.
4. I, the Undersigned do hereby authorize GCF to act as my agent in presenting this agreement to any qualified medical/dental practitioners and I will not hold GCF or such practitioners liable for treatments rendered.
5. This authorization will remain effective while the minor is in route to or from, whether participating, observing, or standing by any program or activity of GCF unless previously revoked by the Undersigned in writing and delivered to GCF.
6. I also give permission for the authorized GCF Staff to administer medication my child/the Participant has to take. I will provide the medication in the original container with specific written instructions on the container for its dispensing. These will be given to the authorized GCF Staff by me.

If the Participant has any allergies or medical/physical conditions which the GCF Staff or medical/dental professionals should be aware of, please explain: _____

Insurance Company (if none, write "none") _____

Policy # _____

Please list your child's physician in case additional medical history is needed in the event of an emergency.

Physician's Name _____	Office/Hospital _____	Phone# _____
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I warrant to GCF that all the information given on this form is true, current, and accurate.

I, as the parent/legal guardian of the Participant have read, understand and consent to the terms above and to the minor becoming a participant.

X _____ Date _____

Parent/Legal Guardian Contact Information

Name _____ Relationship _____

Phone _____ Work Phone _____ Cell/Alternative _____

Address _____