

Student Ministry Waiver Form 2019-2020



Event: _____

Student Name _____

Address _____

City _____

State _____ Zip _____

Parent/Guardian(s) Name _____

Home Phone _____ Cell Phone _____

In case of emergency, contact _____

Phone _____

Special concerns (allergies, medications, medical conditions, etc.):

Health Insurance Company _____ Policy Number _____

Medications Currently Taking _____

PERMISSION AND TRANSPORTATION I give permission for my child to participate in _____ and to be driven by the adults leading the trip.

LIABILITY WAIVER I recognize that certain hazards and dangers are inherent in the events and programs of Good News Community Church. I acknowledge that although Good News Community Church has taken safety measures to minimize the risk of injury to participants, Good News Community Church cannot guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

In consideration of Good News Community Church accepting and permitting my child to participate in this trip, I agree that Good News Community Church, a non-profit corporation, its agents, officers, employees, trustees, and volunteers will not be liable for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend Good News Community Church, its officers, agents, employees, trustees, and volunteers for and from any and all damage during the trip, whether such injury, illness, or damage occurs on or off the church premises.

PHOTO RELEASE I certify that photographs or videotape pictures of my child participating in Good News Community Church programs may be reproduced and utilized in promotional materials for the Church such as social media pages.

DATED:

Month: _____ Day: _____ Year: _____

Name of Parent/Guardian _____ Date _____ Signature of

Parent/Guardian _____