

ACTIVITY CONSENT AND WAIVER OF LIABILITY

I the undersigned parent or guardian, hereby consent to my child, _____ participating in activities that are sponsored by the Charlottesville First Assembly youth ministry for the dates of January 1st, 20___ - December 31st, 20___. I certify that my child is able to participate in these activities. If my child has medical conditions that may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone numbers listed below. If I cannot be reached, I hereby authorize the church director in charge of the activity to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUSEQUENT THERETO. I do hereby agree to hold Charlottesville First Assembly and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with this activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the Commonwealth of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

Parent or Guardian

Date

MEDICAL CONDITIONS TO BE AWARE OF: _____

TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:

Home: _____ Work: _____ Cell: _____

IN THE EVENT I CANNOT BE REACHED PLEASE CALL:

Name: _____ Number: _____

I Do not wish my child to participate in the following: _____

Insurance and Doctor Information:

Insurance Carrier: _____

Policy Number: _____ Policy Holders Name: _____

Insurance Carriers claims phone number: _____

Doctors Name: _____ Phone Number: _____

Address: _____ City: _____ St. _____ Zip _____

LIST ALLERGIES: _____

LIST MEDICATIONS: _____

My child has permission to take over the counter medication for discomfort such as Acetaminophen (Tylenol), Ibuprofen (Advil) Benedryl, Tums. Yes _____ No _____