



## PARENT/GUARDIAN AUTHORIZATION, INDEMNIFICATION & LIABILITY RELEASE

**NAME(S)** **BIRTH-DATE** **ALLERGIES** **MEDICATIONS** **SPECIAL INSTRUCTIONS**

The undersigned, the parents or guardians of the above Participant (including each and all of the above-named minors jointly and severally) hereby provide express permission for Participant to participate fully in the Glenwood Church of Christ Youth Group, including any related activities whether on-site or off site, including but not limited to camps, field trips and other events. The undersigned grant permission for Glenwood Church of Christ or its representative to take said participant to a doctor or hospital and to authorize medical treatment, including but not limited to emergency surgery. The undersigned fully and completely assume all responsibility for all medical bills. In addition, the undersigned grant permission for first aid to be given as deemed necessary. Further, should it be necessary for Participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

THE UNDERSIGNED DO HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS GLENWOOD CHURCH OF CHRIST AS WELL AS EACH AND ALL OF ITS ELDERS, STAFF, EMPLOYEES, AGENTS AND MEMBERS (HEREINAFTER REFERRED TO JOINTLY AND SEVERALLY AS "GLENWOOD") FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LAWSUITS AND EXPENSES OF ANY KIND ARISING FROM PERSONAL INJURY, SICKNESS, DEATH OR PROPERTY DAMAGE OF ANY KIND WHATSOEVER WHICH MAY BE INCURRED OR SUFFERED BY PARTICIPANT EVEN IN THE EVENT OF THE NEGLIGENCE OF GLENWOOD. THE UNDERSIGNED FURTHER AGREE TO INDEMNIFY AND HOLD GLENWOOD HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, LAWSUITS, AND LIABILITIES, INCLUDING ATTORNEY FEES AND EXPENSES RESULTING FROM THE NEGLIGENCE, WILLFUL OR INTENTIONAL ACT(S) OR OMISSION(S) OF PARTICIPANT EVEN IF THE INCIDENT(S) OR INJURY(IES) COMPLAINED OF RESULT IN PART FROM THE NEGLIGENCE OF GLENWOOD, AND EVEN IF THE UNDERSIGNED COULD NOT REASONABLY FORESEE THE ACT(S) OR OMISSION(S) OF PARTICIPANT AND EVEN IN THE ABSENCE OF DIRECT NEGLIGENCE BY THE UNDERSIGNED.

This Parent Authorization and Liability Release is void upon revocation. It may be revoked at any time by written notice delivered to an elder, the youth minister, or the church secretary of Glenwood Church of Christ provided that this revocation shall not affect or apply to any activity, event or outing occurring prior to the delivery of the revocation.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Work #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Mobile #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Alternate Emergency Contact: Name:** \_\_\_\_\_ **Emergency #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Address:** \_\_\_\_\_

### INSURANCE INFORMATION

**Insurance Company:** \_\_\_\_\_

**Policy & Group #:** \_\_\_\_\_ **Insurance #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Family Physician/Pediatrician: Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

My child can have Tylenol if needed (circle): Yes No

**PASSENGER REGULATIONS:** I will wear my seatbelt at all times. I will be an example of Christ on each trip I take with the youth group. If I am disobedient or uncooperative, I understand that I may forfeit my privilege to travel with the youth group on future trips.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_