

GARDEN CITY CHURCH OF CHRIST YOUTH/CHILDREN MINISTRIES

3245 Jonesville Road Columbus IN 47201 Phone: 812-372-1766

INSURANCE AND LIABILITY WAIVER FORM

NOTE: Please fill out a form for each child in your family. This form is only good for one year (August 1, 2017-July 31, 2018). If any of the information changes during the year, please fill out a new form so our information is current. Thank you!

I, the undersigned parent or legal guardian for _____ (child's name) do hereby release, forever discharge, and agree to hold blameless Garden City Church of Christ and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature which may be incurred by my child in the course of participation in an approved church-sponsored activity. Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (as applicable). We give permission for our child to participate in the approved church activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills or expenses incurred. Also, should our child have to return home before the group due to medical or disciplinary reasons, we hereby agree to assume any costs incurred for their return. My child has signed below indicating that they agree to conduct themselves in a Christian manner consistent with a church sponsored event.

NOTE: No child will be allowed to participate without this completed form on file. Thank you.

Child's Name

Parent Printed Full Name

Street Address

City, State, Zip

Child's Proper Conduct Signature

Parent Permission/Release Signature

Home Phone (Include Area Code)

Work Phone, Pager, ext. #, etc.

Medical Doctor Name & Phone

Insurance Provider & Policy Number

In Emergency Contact- Name & Phone

2nd Emergency Contact- Name & Phone

Please list any medical instructions, allergies, activity limitations, dietary restrictions, disabilities, or other important information below. Please include all information requested above.

