

**PERMISSION / WAIVER FORM
FOR YOUTH AND CHILDREN**

Name of Child/Youth Participant _____ Name of Parent / Legal Guardian _____

Address _____ City, state, zip _____

Home phone number _____ Work phone number _____

Birth date of child _____ Academic grade and school _____

Functions and Activities. It is my understanding that participation in the programs and recreational and other activities of HARBOR LIFE CHURCH is a privilege. Prior to my child / youth's participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities that I may not presently be aware.

Release and Liability. By signing this Permission / Waiver form, I expressly warrant that the child / youth named above is capable of withstanding the physical demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release HARBOR LIFE CHURCH and its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless HARBOR LIFE CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from participation in its activities and programs, or as a result of any injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment. I recognize that there may be occasions where the child name above may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of HARBOR LIFE CHURCH to seek and secure any medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such a need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips. I understand that the child / youth named above will be participating in various activities from January 1, 2019 through January 1, 2020. I understand that during this period my child / youth may take part in activities such as: Camps, Youth Conference, Mexico Missions Trip, and other activities consistent with the purposes of the church. I also understand that I may be asked to sign Special Permission Slips in addition to this form.

Publicity. On occasion, HARBOR LIFE CHURCH takes photographs or makes an audio or video tape recording of children / youth and / or adults involved in church activities. Such photographs or video recordings may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio / visual recordings may be used by HARBOR LIFE CHURCH publications or advertising materials to inform others about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child / youth named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child / youth to be interviewed by the news media, or for such photographs and other audio or visual recordings to be used by the news media.

Health Insurance Information Emergency Contacts

Insurance Company _____ Name of Insured _____

Policy / group number / ID _____ Relationship to child / youth _____

Primary doctor _____ Your home phone number _____

Doctor's phone number _____ Your work phone number _____

MEDICAL HISTORY, SPECIAL NEEDS OR CONCERNS, MEDICATIONS, ALLERGIES, DIETARY NEEDS, CONDITIONS AND / OR OTHER INFORMATION THAT LEADERS SHOULD KNOW ABOUT YOUR CHILD / YOUTH SHOULD BE NOTED IN DETAIL IN THE SPACE PROVIDED ON THE BACK OF THIS FORM.

Parent / Guardian Authorization. I represent that I am the parent / guardian of the above child, who is under 18 years of age. I have read the above Permission / Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of HARBOR LIFE CHURCH, including any special events / activities described above. In consideration for allowing the participation of the child in the activities of HARBOR LIFE CHURCH, I hereby consent to the Permission / Waiver Form, including the Release and Liability above, on behalf of the child, and agree that this Permission / Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are changes in my child / youth's medical status, healthcare, etc.

Young Person's Agreement. I agree to participate in the functions of HARBOR LIFE CHURCH, to cooperate with the leaders and other young people. I agree to respect other persons and property. I understand that my continued participation depends on my support of this agreement.

Signature of Parent / Legal Guardian _____ Date _____

Signature of Witness _____ Date _____

Signature of Young Person _____ Date _____

