



Waiver and Release of Liability Form Effective January 2020 – December 2020

I (We) acknowledge that my child's participation in The Grove Church Student Ministry is voluntary and may require involvement in activities that require traveling and physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings. I (We) acknowledge that my child's participation in any The Grove Church Student Ministry activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the The Grove Church's Student Ministry activities, I (we) agree to the following:

The Grove Church is not responsible for the loss or theft of personal belongings. ____ initial

Misconduct may result in transportation home from an activity at parent's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee. ____ initial

I understand and authorize that my child's image maybe photographed or filmed and used in video presentations, printed publications, social media, and The Grove Church website. ____ initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors, and assigns: A) I waive, release, and discharge The Grove Church, its' pastors, employees, and volunteers from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in The Grove Church's Student Ministry activities. B) I agree not to sue any of the persons or entities mentioned above for any of the claims of liabilities that I have waived, released, or discharged herein except in the case of gross negligence on the part of The Grove Church, The Grove Church Staff and volunteers. C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Grove Church Student Ministry activities. ____ initial

I understand that my personal auto insurance will be responsible for my medical bills in the event of an accident involving a privately owned vehicle, a company owned vehicle, or a church rented vehicle being used for The Grove Church. I agree not to hold the owners or renters of such vehicles liable for damages, losses, diseases, or injuries incurred. ____ initial

I give my student permission to ride in a vehicle with designated Grove Student Ministry volunteers and leaders to and from events as those situations are communicated to me in advance. ____ initial

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor name herein. I agree and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. ____ initial

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries; I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to The Grove Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility. ____ initial

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl, Diphenhydramine, or over the counter antacids, as needed. ____ initial

In Case Of Emergency Contact

Student's Name _____

Name (print) _____

Parent(s) Name (print) _____

Phone _____

Parent(s) Signature _____

Physician _____

Parent(s) Phone _____

Phone _____

Allergies _____
