

**GRACE BAPTIST CHURCH 2008/09 PERMISSION SLIP
MEDICAL RELEASE, LIABILITY RELEASE &
ASSUMPTION OF RISK AGREEMENT**

For Office Use Only Ministry: _____ Date in Shelby _____ Grade Date _____
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Please Print

(661) 296-8737

Name _____ Sex _____ Birthdate _____ Age _____
Last First

Address _____ Phone (____) _____ Grade _____

City _____ State _____ Zip _____ Grade in the Fall of _____

EMERGENCY INFORMATION:

Father's Name or Legal Guardian: _____

Mother's Name or Legal Guardian: _____

Home Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

Pager (____) _____

Pager (____) _____

If Parents or Guardian are unavailable, call:

Alternate Contact/Relationship: _____ Phone: _____

HEALTH & INSURANCE INFORMATION

Do you carry family medical/hospital insurance? Yes _____ No _____

If so, indicate Insurance Carrier _____ Policy # _____

Name of Family Physician _____ Phone # (____) _____

Name of Family Dentist/Orthodontist _____ Phone # (____) _____

MAJOR MEDICAL PROBLEMS:

Allergies : Asthma ___ Drug Allergies ___ Hay Fever ___ Insect Stings ___ Other _____

Asthma(chronic) ___ Bleeding/Clotting Disorder ___ Cardiac ___ Diabetes ___ Epilepsy ___

Emotional Disorder ___ Nervous Disorder ___ Physical Handicap ___ Seizure Disorder ___

Other _____

If you have checked any of the above, please give details: _____

Activity restrictions? _____

List operations or serious injuries with dates: _____

List any chronic, recurring illness or medical condition : _____

Current medication: (send with instructions) _____

Date of last tetanus shot: (mo/day/yr) ___/___/___

IMPORTANT: Please notify Grace Baptist Church (GBC) if your child has been exposed to a communicable disease within the three weeks prior to the outing or event.

This health information is correct so far as I know, and I expressly consent to the participant's involvement in all activities and events during the school calendar year 2008/09, including, but not limited to, recreational activities, trips, camps, travel, and activities sponsored by Grace Baptist Church. The participant agrees to comply with all rules and policies for each activity and event.

I authorize any person connected with Grace Baptist Church or any activity or event to administer first aid to the participant, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well-being, at my expense. I authorize the supervisors of the activity to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expenses of my youth being sent home because of a disciplinary action. Pictures may be taken during the event for church use. This form, when completed, may be photocopied.

Signature of Parent or Legal Guardian _____ Date _____

GRACE BAPTIST CHURCH
ACKNOWLEDGMENT OF RISKS

Although Grace Baptist Church makes every effort to provide a safe environment, I understand that certain risks cannot be eliminated. I understand that participation in each activity and event involves inherent and other risks of Injury and Death.

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration for the participant being permitted to be involved in the activities and events during the school calendar year 2008/09, I the undersigned, AGREE TO THE FOLLOWING:

1. I RELEASE, WAIVE and forever discharge Grace Baptist Church, its Pastors, Employees, Officers, Volunteers, Board and Agents (collectively Grace Baptist Church) from ALL LIABILITY to me, my family, heirs, assigns, personal representatives or next of kin for ANY LOSS OR DAMAGE RESULTING FROM PHYSICAL OR MENTAL INJURY, DEATH OR PROPERTY DAMAGE arising from my child's participation in this Grace Baptist Church activity. I PROMISE NOT TO SUE Grace Baptist Church for any claim that is released under this Agreement.
 2. I AGREE TO INDEMNIFY AND HOLD HARMLESS Grace Baptist Church for any loss, liability, damage or costs incurred due to my child's participation in this Grace Baptist Church activity.
 3. I ASSUME FULL RESPONSIBILITY FOR RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising from my child's participation in this Grace Baptist Church activity.
 4. I further acknowledge and accept that this Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation take place and agree that if any portion of this Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force.
 5. I HAVE READ AND UNDERSTOOD this "Release, Waiver of Liability and Indemnity Agreement" and have signed it voluntarily, and agree that no oral representations, agreements, or inducement, apart from the foregoing written agreement have been made. I HAVE READ AND UNDERSTOOD THIS "RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT" AND AGREE TO IT.
- Should Grace Baptist Church, or anyone acting on their behalf, be required to incur attorneys' fees and cost to enforce this agreement, I agree to indemnify and hold Grace Baptist Church harmless for all such fees and costs.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FUTUREMORE, I AGREE TO INFORM GRACE BAPTIST IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHEMENTS CHANGES.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian: If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Print Name: _____ Relationship to Child: _____

Child's Name: _____