

## New Life Church Activity Release and Consent

I consent for myself and any child listed below to participate in the following specific activities sponsored by New Life Church at the New Life Church facilities.


I understand that these activities and the facilities where they are conducted involve some inherent risks. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored by New Life Church, and this Activity Release is given in exchange for that opportunity.

**Waiver, Release, and Indemnification** – I, individually, and in my capacity as parent, guardian, or next friend of any listed child, waive, release, indemnify, and promise not to sue New Life Church and all of its constituent organizations, agents, ministers, employees, and volunteers (collectively, “Released Parties”) from all demands, claims, or liability, in law or in equity, **including the released parties' own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. **I fully assume the risks associated with participating in this activity.** This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

**Medical** - In case of medical need or injury, I understand that New Life Church will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency backup contact cannot be reached, I authorize New Life Church to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. **Any provider of care can rely on this Consent as authority to treat me or such child as appropriate and to bill me directly for the costs thereof.** I understand that New Life Church will hold any medication for such child until needed or scheduled, at which time it is my or such child's responsibility to inform the staff that the medication is needed. **I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to New Life Church staff using the back of this form.**

I understand that New Life Church may take photographs of me or a listed child in the course of its activities, and I grant New Life Church permission to publish such photographs in a manner New Life Church deems appropriate.

To revoke this agreement, I must notify (Initials) in writing in advance of the event.

**Signature of**  **Adult Releasee Without Child or**  
 **Parent or Guardian and**

**Youth Participating in the Event (14 or older)**

<i>Date</i>	<i>Signature</i>
	<i>Printed Name</i>
<i>Date</i>	<i>Signature</i>
	<i>Printed Name</i>

<i>Date</i>	<i>Signature</i>
	<i>Printed Name</i>
<i>Date</i>	<i>Signature</i>
	<i>Printed Name</i>

*Address*

<i>Home Telephone</i>	<i>Work Telephone</i>	<i>Cell Telephone</i>
<i>Emergency Contact</i>	<i>Telephone</i>	

**PLEASE PRINT THE NAME OF EACH CHILD OR YOUTH TO WHOM THIS RELEASE APPLIES AND HIS OR HER BIRTH DATE**

Name: _____ / ____ / ____	Name: _____ / ____ / ____
Name: _____ / ____ / ____	Name: _____ / ____ / ____

Relevant Medical Information

Family physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical insurance company and policy number:

\_\_\_\_\_

Authorized medications and time they should be administered:

NAME OF MEDICATION

TIME(S) OF ADMINISTRATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May New Life Church give any listed child Tylenol or aspirin for headaches or pain?

Yes

No

Do you or a listed child have any allergies or special medical conditions of which we should be aware?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_