



***Parental Consent and  
Emergency Medical Release & Liability Waiver***

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Information**

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

IN AN EMERGENCY, when parents/guardians cannot be reached, please contact the following:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

HEALTH CONCERNS (Please identify any allergies including food allergies, health concerns, medications and their purpose, etc):

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Additional Information that May Be Helpful \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The authorization for Emergency Medical Treatment on the reverse side must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.*

**DISCLAIMER**

New Life Community Church and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as “NLCC”), are not responsible for any injury, sickness, infection (Bacterial, viral, fungal, or otherwise), loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with NLCC and all related activities associated with NLCC, including injury, sickness, infection (Bacterial, viral, fungal, or otherwise), loss or damage.

**ASSUMPTION OF RISKS**

IN CONSIDERATION OF NLCC allowing me or my child to participate in events, activities, or travel with NLCC and all related activities associated with NLCC (collectively referred to as the “Activities”), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself, members of my family, or others.

**RELEASE OF LIABILITY and AGREEMENT**

IN CONSIDERATION OF NLCC allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with, or related to my or my child’s participation in the Activities.
2. **TO WAIVE and RELEASE NLCC** from any and all liability for any loss, damage, injury, sickness, infection (Including exposure to COVID-19 or other viral, bacterial, or fungal contagions) or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child’s participation in the Activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS NLCC** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child’s participation in the Activities.
4. **TO INDEMNIFY and HOLD HARMLESS NLCC** from any and all claims, demands, actions and costs for any loss, injury, damage, sickness, infection (Including exposure to COVID-19 or other viral, bacterial, or fungal contagions) or expense whatsoever that might arise out of my or my child’s participation in the Activities.

**YOUTH PARTICIPATION CONSENT**

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Activities, and to obey requests to comply with safety regulations as directed by the persons in charge of the Activities, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Activities. At all Activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any Activities, outings, or events of NLCC or when using private or public transportation for travel to and from such Activities. **I also understand that I may be photographed or appear in video for such purposes as NLCC deems necessary and I give my consent.**

**ACKNOWLEDGEMENT OF PARENT OR GUARDIAN OF PARTICIPANT:**

I, the undersigned Parent or Guardian of the Participant, hereby authorize and consent to the Participant’s involvement in the Activities, including any use of private or public transportation deemed necessary by the persons in charge of the Activities, including private or public transportation to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment is not available at the site of the Activities. I hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, illness, or infection during the Activities. **I also understand that the Participant may be photographed or appear in video for such purposes as NLCC deems necessary and I give my consent.**

**ACKNOWLEDGEMENT and SIGNATURE**

**I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT** that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT BY SIGNING THIS AGREEMENT VOLUNTARILY**, I am agreeing to abide by its terms and I am waiving legal rights that my child or I may have.

**This Consent, Authorization, and Acknowledgment shall be effective from and including the date(s) in the signature blocks below.**

\_\_\_\_\_  
Signature of Parent or Guardian      Date  
*(If Participant is under 18 years of age)*

\_\_\_\_\_  
Signature of Participant      Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Participant