

# 2018-2019 Waiver & Release From Liability

Student's Last Name _____
Student's Grade    5    6    7    8    9    10    11    12

## Completed by Parent/Guardian

***Please initial on the lines provided.***

\_\_\_\_\_ Calvary Church is not responsible for the loss or theft of personal belongings.

\_\_\_\_\_ Misconduct may result in transportation home from an activity at student or his/her parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

\_\_\_\_\_ I hereby agree for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

a) I agree not to sue Calvary Church, its employees, staff, agents, representatives, volunteers, drivers, activity hosts, sponsors, church members, affiliates, attorneys, successors, and/or agents ("Releasees") for any claim, loss, damage, personal injury (including injuries causing death), property damage, or the like, suffered or incurred by me or my family member(s) in connection with any activity related to Calvary Church, whether on or off Calvary's premises, except in the case of gross negligence on the part of Calvary Church staff or volunteers.

b) I additionally indemnify and hold Releasees harmless from any claims made or liabilities assessed against them as a result of my child's actions or inactions. I hereby assume all of the risks of participating in Calvary Church Student Ministries activities.

I, the parent or legal guardian of, \_\_\_\_\_ give permission for the above named child to participate in the activities conducted by Calvary Student Ministries from September 2018 to October 2019.

I, the parent or legal guardian of, \_\_\_\_\_ release Calvary Church, and Releasees of any responsibility for accidental injuries sustained to, during and from all student ministry activities from September 2018 to October 2019.

In case of an emergency, I, the parent or legal guardian of the above named child, hereby give permission to the physician and/or hospital to order injection, anesthesia or surgery for my child as deemed necessary by the appropriate professionals and in accordance with my child's medical history.

I, the parent or legal guardian of, \_\_\_\_\_, acknowledge that Calvary Church and Releasees are not a transportation service and that they are not associated with any transportation service.

I, the parent or legal guardian of, \_\_\_\_\_, acknowledge that Calvary Church and Releasees have made no representations relating to the safety of the activity(ies) and that I am not relying on any alleged representations by Calvary Church of any kind.

I, the parent or legal guardian of, \_\_\_\_\_, acknowledge that Calvary Church and Releasees are not an activity sponsor or promoter.

## Completed by Student

***Please initial on the lines provided.***

I hereby agree for myself, my executors, administrators, heir, next of kin, successors and assigns:

\_\_\_\_\_ a) I agree not to sue Calvary Church, its employees, staff, agents, representatives, volunteers, drivers, activity hosts, sponsors, church members, affiliates, attorneys, successors, and/or agents ("Releasees") for any claim, loss, damage, personal injury (including injuries causing death), property damage, or the like, suffered or incurred by me or my family member(s) in connection with any activity related to Calvary Church, whether on or off Calvary's premises, except in the case of gross negligence on the part of Calvary Church staff or volunteers.

\_\_\_\_\_ b) I additionally indemnify and hold Releasees harmless from any claims made or liabilities assessed against them as a result of my actions or inactions. I hereby assume all of the risks of participating in Calvary Church Student Ministries activities.

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Phone Number of Health Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Holder's Phone Number \_\_\_\_\_

**Are there any special needs (ex. social disorders, disabilities, etc.) or special circumstances (ex. recent deaths in the family), that you would like us to be aware of?**

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

**Please list any existing medical conditions below.**

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

If you would like to speak with a pastor regarding the needs of your child, contact Student Ministries ([calvarystudents@calvarygr.org](mailto:calvarystudents@calvarygr.org)) at 956-9377, ext. 5161.

*Photocopies of this signed original shall be deemed to be an original counterpart of this authorization.*

STUDENT (PLEASE PRINT) \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN NAME (PLEASE PRINT) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_