



Last Name: _____

First Name: _____

PARENT CONSENT AND LIABILITY RELEASE FORM
Due 1st Day of impactRichmond
Attach a copy of your insurance card

NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____ CITY _____ STATE _____

PHONE (____) _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/ CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren):

_____ (“Participant”), to attend and participate in **impact Richmond** during July _____ - _____ 2010.

LIABILITY RELEASE: In consideration of impactRichmond allowing the Participant to participate in mission activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless impactRichmond, its directors, employees, volunteers and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the youth Participant while involved in the mission activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in activities, including trips away from the center premises.

Furthermore, we (I) [and on behalf of our (my) minor youth-Participant(s)] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said impactRichmond to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said impactRichmond for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by impactRichmond. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Medical Insurance: YES _____ NO _____ Insurance Company: _____

Policy/Group ID#: _____ Participant’s Social Security Number: _____

Emergency Phone #s in case parent/guardian cannot be reached: _____

Allergies or Medical Conditions: _____ Date of last Tetanus Shot: _____

Parent/Guardian Signatures _____ / _____ Date _____