

## Children and Youth Ministries Event Permission Slip

I hereby give my permission for \_\_\_\_\_  
(name of youth/child) to participate in the event designated below. I understand that reasonable plans have been made to ensure the safety and welfare of all participants, and that adult employees or volunteers will be chaperoning at the event and will take reasonable actions as they deem necessary to protect the best interests of all participants. I understand and agree that if my child is not behaving in a manner consistent with church standards for good conduct, is not following event rules or is being disrespectful to adults in charge of the event, my child may not be allowed to continue participating in the event and I may be asked to pick up my child. I release and waive any liabilities against the Event Sponsor and/or Texico Conference Association of Seventh-day Adventists, its employees and volunteers arising out of my child's participation in the event designated below, and I further agree to indemnify the Event Sponsor and/or the Texico Conference Association of Seventh-day Adventists, its employees and volunteers, for any and all damage or injury that my child may cause as a result of his/her participation in the event.

Upcoming Event/Trip To \_\_\_\_\_

Date of Event/Trip \_\_\_\_\_ Cost \_\_\_\_\_

Event Sponsor \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ (please initial) I give my permission for the Event Sponsor to use pictures taken at the above event that include my child in Sponsor publications or promotional materials.

# Medical Release Form

I, \_\_\_\_\_ the parent/legal guardian of

\_\_\_\_\_ (name of youth/child),  
hereby authorize Event Sponsor employees or volunteers to administer first aid or seek emergency care for my child if necessary. Furthermore, I authorize any necessary medical care or medical procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advised by a physician to safeguard my child's health in the event that I cannot be contacted. I waive my right of informed consent for such treatment. I understand that I will be responsible for any medical expenses occurring as a result of such treatment.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Insurance ID/Group No. \_\_\_\_\_

Primary Policy Holder \_\_\_\_\_

Allergies \_\_\_\_\_

Medication Currently Taken \_\_\_\_\_

Any Present Health Concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

# INDEMNIFICATION AND RELEASE OF LIABILITY



Bonita Park is a Christ-centered ministry seeking to facilitate spiritual enrichment, social development, physical and mental renewal in a Christ-centered atmosphere encouraging worship, fellowship, meditation and reflection upon the Word of God.

## ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION

WHILE BONITA PARK AND ANGUS NAZARENE CHURCH MAKE EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR OUR GUESTS, WE DO REQUIRE THAT THIS LIABILITY AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY EACH GUEST OR THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO CHOSE TO BE A PARTICIPATING INDIVIDUAL AT BONITA PARK AND/OR ANGUS NAZARENE CHURCH PROGRAMS OR ACTIVITIES.

NAME OF GROUP \_\_\_\_\_ ARRIVAL DATE \_\_\_\_\_

As a participating individual at Bonita Park and/or Angus Nazarene Church, I waive all claims and do hereby assume all risks and any other ordinary risk incidental to the nature of the program. These risks are including those which are not specifically foreseeable, and will indemnify and hold Bonita Park Camp and Conference Center and/or Angus Nazarene Church and its officers, boards, agents or employees harmless from any and all liability. I accept full responsibility for any injury or accident that may occur. This release does not apply to intentional and/or willful acts of misconduct by Bonita Park Camp, Angus Nazarene Church, or any of its officers, boards, agents or employees.

If any provisions of this Agreement shall be construed to be illegal or invalid, or if this Agreement was held unenforceable as to certain activities, it shall not affect the legality or validity of any of the other provisions herein or its enforceability as to other activities. If so, those portions shall be deemed stricken and deleted from this Agreement, but all other provisions of this Agreement shall continue in force and effect.

Please list any ALLERGIES, DISABILITIES, or RESTRICTIONS and notify your Group Leader also:

I hereby attest to the following:

I, \_\_\_\_\_, have chosen to participate in Bonita Park Camp and Conference Center and/or Angus Nazarene Church activities, and related events. I understand that participation in these activities is not without risk.

I understand that as a participant, I (or my child) may be photographed or videotaped during normal Bonita Park and/or Angus Nazarene Church activities. These photos/videos may be used in promotional materials.

I have carefully read this agreement and understand its contents. This liability release and indemnification agreement shall be legally binding upon my heirs, assigns, legal guardians, personal representatives and myself. I am aware that I am releasing certain rights that I otherwise may have of my own free will.

Participant's Signature \_\_\_\_\_

MINOR CHILDREN: ( under 18 years of age):

As parent or legal guardian of \_\_\_\_\_, I \_\_\_\_\_

(PRINTED)

(PRINTED)

further accept responsibility for the actions of this child, and agree to the provisions .

## ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE AND INDEMNIFICATION.

Signed: \_\_\_\_\_

(Parent/Guardian)

(Date)