

## PERMISSION FOR PARTICIPATION

Participant's Name: \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

Please list any recent health problems, illnesses, injuries, surgeries, allergies, etc. – not indicated on your last completed health history – that would be important to know in order to ensure the safety of the participant during this event:

Parent/ Guardian's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

E.C. Phone: (\_\_\_\_\_) \_\_\_\_\_

I certify that the information provided herein is correct and I give my son/daughter, \_\_\_\_\_, permission to participate in all activities involved with the above event on the dates listed, except as noted. *(Here's the legal part...)* I understand that the above named minor may be exposed to personal injury or loss/damage of property as a result of his/her own actions or the actions of other participants during this event. In signing this form, I entrust the Youth Director to take necessary actions to manage and prevent such risks, but I also agree to personally accept any and all risks of personal injury or damage to the above named minor's property. In other words...I agree to indemnify and hold harmless Central Reformed Church as well as its staff and volunteers from any and all actions, claims, demands, suits or other liabilities which may result from the above named minor's participation in this event.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*CRCGR reserves the right to photograph or videotape your child during church activities, unless you request that we not do so...(indicate with your initials in the blank below)*

I/We would not like our child videotaped or photographed at this time: \_\_\_\_\_