



Annual Event Waiver 2024

Please fill out this form in its entirety to the best of your ability.

Section A – Parent(s)/Guardian Information

Parent/Guardian #1 <i>(Primary residence of Student)</i>	Parent Name (First and Last)				
	Address		City	State	Zip
	Parent/Guardian Cell		Receive Text Updates?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Parent/Guardian Email		Receive Email Updates?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Spouse Name (First and Last)				
	Spouse Cell		Receive Text Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Spouse Email		Receive Email Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Primary Parent/Guardian listed above also agrees to receive text and/or email updates from Living Faith Youth.*

Parent/Guardian #2 <i>(Secondary residence of Student)</i>	Parent Name (First and Last)				
	Address		City	State	Zip
	Parent/Guardian Cell		Receive Text Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Parent/Guardian Email		Receive Email Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Spouse Name (First and Last)				
	Spouse Cell		Receive Text Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Spouse Email		Receive Email Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Information	Health Insurance Company		Policy ID #	
	Group #	Primary Doctor		Phone Number
	By signing below, I -Parent/Guardian #1- acknowledge that if the Living Faith Youth Director or any Living Faith Staff are unable to contact me during a medical emergency, you have my/our permission to seek medical care as deemed necessary.			
	Parent/Guardian Name			
	Parent/Guardian Signature			Date

Section B – Student(s) Information

Student #1	Student Name (First and Last)			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	D.O.B	Grade	School	
	Student Cell			Receive Text Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Student Email			Receive Email Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of last Tetanus Shot(s)		Other Shot(s)?	
	Allergies (food/medication)/Treatment Needs			

Student #2	Student Name (First and Last)			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	D.O.B	Grade	School	
	Student Cell			Receive Text Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Student Email			Receive Email Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of last Tetanus Shot(s)		Other Shot(s)?	
	Allergies (food/medication)/Treatment Needs			

Student #3	Student Name (First and Last)			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	D.O.B	Grade	School	
	Student Cell			Receive Text Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Student Email			Receive Email Updates? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of last Tetanus Shot(s)		Other Shot(s)?	
	Allergies (food/medication)/Treatment Needs			

PARENT/GUARDIAN INFORMATION, DURATION

The undersigned affirm that by allowing their Student(s) to participate in each event, including but not limited to camps, they have investigated the event to their satisfaction and they have all information they desire to knowingly grant the consents, waivers and releases contained herein. The consents, waivers, and releases cover while Student is traveling as part of any Church event including but not limited to camps and events on or off Church property and remain valid until revoked in writing and delivered to **Living Faith Anglican Church (hereinafter "Church")**. The parent/Guardian of Student(s) must arrange for their Student's transportation to or from the location of each event as Church designates from where the event starts.

CONSENT TO TREATMENT OF A MINOR

As Parent/Guardian of the above named Student(s), I hereby authorize **Blake Plympton** or any other duly authorized representative of Church to secure any x-ray examination, diagnostic test, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician, surgeon, physician's Assistant, nurse practitioner, or other medical personnel in which the medical care is being sought or on the medical staff of any hospital; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the participant by any licensed dentist in which dental care is being sought and to obtain and administer any drugs prescribed by such medical personnel.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of Church to give specific consent to any or all such examinations, anesthetic, diagnosis, treatment, or hospital care which the surgeon, physician, or dentist, in the exercise of his/her best judgment, may deem advisable. The Parent/Guardian hereby agrees to fully pay all costs of the medical or dental care incurred for the participant by Church under this consent.

PARENT/GUARDIAN WAIVER

In consideration of your accepting my Student(s) for participation in the above-named activity, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, and representatives (including volunteers), for any and all injuries suffered by my Student(s) including, but not limited to sickness, exposure to infectious/communicable disease, bodily, emotional, or personal injury, property and financial damage, and death arising out of transportation to and from the event as well as while participating in the event.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization and its leadership, employees and volunteers harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my Student(s) or I should make any claim against the above-named organization, its leadership, employees, and volunteers for damages arising out of the above-named activity, I will personally indemnify, defend, and hold harmless the organization and its leaders, agents, employees, representatives, successors, volunteers, and assigns against any and all loss and damage occasioned thereby, including attorney's fees, expert fees, and court costs.

DISCIPLINARY RELEASE

I agree to pay any expenses including the cost of my Student(s) being sent home if disciplinary action is deemed necessary.

MEDIA RELEASE

In this digital age the church takes many pictures of special events, activities, youth group, etc. We use these photos/videos/images to record, promote, and celebrate our church ministries through various venues including, but not limited to church youth website, slide shows, individual prayer photos, bulletin boards, etc.

Photos/videos/images are almost always in public areas and/or at public events. We will not knowingly post anything that would be embarrassing, objectionable, or hurtful to anyone in photo/video/image.

Having understood the above, I hereby disclaim, release, and agree to hold Church, its pastors, elders, deacons, staff, members, volunteer youth advisors, and leaders harmless from any liability to me, to my Student(s), or to any other person or entity as a result of or in connection with the use of said photographs/videos/images, including but not limited to, any claims for invasion of privacy or defamation.

I give permission for my Student(s), while under the direction/care of Church Youth Ministry leaders, to have photos/videos/images taken, displayed, or used for record keeping, promotion, outreach, and celebratory purposes. I authorize church pastoral staff, volunteer youth advisors, and leaders to photograph, video record, and use said media for church ministries.

I hereby certify that I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions and acknowledge such with my signature below.

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature
