

New Life Church of God

Waiver, Release, and Authorization to seek medical assistance

We, the under-signed, minor and Parent / Guardian hereby voluntarily express and affirmatively execute this **Waiver, Release and Authorization** to seek medical assistance in return for permission for my child or minor of whom I have full legal custody of "Name of minor _____" to participate in Church related functions and activities "on and off church grounds" for the calendar year _____.

We recognize that there are many risks of injury, including serious disabling injuries, that may arise due to participation in any and all of these functions and activities and that it is not possible to specifically list each and every individual risk. However, knowing that material risks and other injuries and even death are a possibility, we hereby voluntarily and expressly assume all of the associated risks of injury and even death which could occur by reason of participation in these functions and activities.

If my child / dependent, _____ born ____/____/____, becomes ill or involved in an accident and I or another adult whom I have authorized in writing to act in my absence can not be contacted immediately (whether due to unavailability or the need for immediate action under the circumstances), I authorize **New Life Church of God** to seek any necessary treatment and authorize the treating (including anesthesia). I _____ accept full responsibility for any expenses incurred in the medical treatment of my child or dependent, to the extent such expenses are not covered by the following:

Health Insurance Company: _____
Policy #: _____ Medicaid #: _____

Child's known allergies (including food) or physical conditions: _____

We hereby covenant not to sue and also release, waive, discharge New Life Church of God, the Church of God Organization, their officers, or employees / representatives (Herein referred to as Releasees) from any and all liability, claims, demands, actions and damage or injury including death, that may be sustained by me, or which may result from emergency medical treatment sought as a result of said participation in related functions and activities. We further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage or cost including medical bills, court costs and attorney's fees, that may occur due to participation in said functions and activities, whether caused by Releasees unintended negligence or otherwise. We subjectively understand the risk of my participation in these functions and activities, and knowing and appreciating these risks of my participation

I _____ (Participant's Parent / Guardian) further state that I am participant's parent or legal guardian and am fully competent to sign this Waiver / Release and Authorization. We expressly intend for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by this document, and it shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Releasees. This document shall be kept on file and remain in effect for each and every function and activity the church approves for entire calendar year until revoked by Parent or Guardian in writing. This release shall be constructed in accordance with the laws of the State of Tennessee.

We have had the opportunity to ask questions and questions have been satisfactorily answered.

Parent / Guardian of participating minor: _____
Minors Name: _____
Home Phone: _____ - _____ - _____ Alternate Phone: _____ - _____ - _____
Person to contact in case Parent / Guardian cannot be reached: _____
Home Phone: _____ - _____ - _____ Alternate Phone: _____ - _____ - _____