

GENERATION CHURCH AUTHORIZATION AND WAIVER FORM

AUTHORIZATION. I authorize _____ (print participant’s name) to participate in the following Generation Church activity sponsored by The City Church (the “Church”):

Activity:

Date:

If the parent or guardian cannot be contacted at the phone number(s) listed below or if the participant is 18 years old or older, I give any leader of the activity permission to authorize any medical treatment that may be reasonably necessary for the participant and give permission to the attending physician, dentist, or other health care provider to provide such treatment. I agree that my medical insurance plan is the primary plan to pay any medical treatment given to the participant.

WAIVER. I understand that while the Church will take reasonable precautions, the activity involves the possibility of unforeseeable risks. In exchange for the Church allowing the participant to participate in the activity, I waive and I release and discharge the Church, City Ministries, their related ministries and organizations, and each of their elders, directors, officers, managers, employees, volunteers, members, and agents from any and all claims, losses, or expenses arising from or related to the activity. I also agree to indemnify, hold harmless, and defend the Church and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of the participant. I HAVE READ AND FULLY UNDERSTAND THIS FORM. I UNDERSTAND THAT I AM WAIVING AND RELEASING ANY CLAIMS.

Participant’s date of birth: _____ Please list any allergies or medical conditions that may be relevant to a health care provider:

Participant less than 18 years old: Parent or guardian sign here. I understand and agree to be bound by this Authorization and Waiver and sign it both in my own capacity as parent or guardian and in a representative capacity on behalf of my child.

Parent/Guardian Signature

Print Name

Date

Best phone number(s) to reach you during the activity: _____

Participant 18 years old or older: Participant sign here. I understand and agree to be bound by this Authorization and Waiver.

Participant Signature

Date

Please list an emergency contact name and phone number:
