

Youth Group Liability Waiver and Medical Release

I am a parent/legal guardian to the below-named participant and give my full consent and permission for his/her participation with Coastal Christian Church activities.

To the best of my knowledge, the mentioned participant is physically and emotionally fit to engage in Coastal Christian Church activities and does not suffer from any illness, disease, injury or handicap which would hamper or impair his/her participation, or which may cause illness, disease or injury to others participants, or which should otherwise be disclosed for purposes of this document.

Having full knowledge and recognizing that there is inherent risk, I hereby release all claims owned by me, my spouse, or the participant against Coastal Christian Church, its employees, agents, representatives, and any and all other persons (hereby known as Coastal) involved. With the same understanding I release and hold Coastal harmless for any and all loss of, or damage to, property owned by, or relating to, the participant while he/she is with Coastal.

I understand that the participant may be traveling by bus and hereby release and hold Coastal harmless from any injury incurred while traveling.

In the event that he/she is injured while under the care of Coastal and requires major medical treatment, I hereby direct any adult who shall have care, custody or control over my child while on a trip to contact me, my spouse, or other parent of my child. In the event that they are unable to contact me, my spouse, or other parent of my child, then I specifically authorize such adults to consent to any and all medical treatment which may be deemed necessary and appropriate for the benefit of my child, and I specifically authorize the performing of any procedure which such adult/s deem advisable and at the recommendation of the doctors or other health care providers treating the participant.

I hereby waive and release all claims against any such adult/s and Coastal and agree to hold each harmless of and from any and all claims or liability resulting from such decisions and/or the medical treatment of the participant.

In the event of any personal or property damage done by the participant, I understand that I am completely, morally and financially responsible. This includes negligent personal harm or injury inflicted to another individual by the participant and property damage to any and all objects done by the participant.

I authorize that the participant's image may be photographed, filmed and used in video, print and web presentations published by Coastal.

Name of Participant: _____

Parent and/or Guardian Name _____

Phone # _____

Signature _____ Dated: _____

Emergency Phone #s Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____