



Liberty Christian Fellowship

"Where our mission is to build devoted followers of Jesus Christ through relevant worship, caring relationships, biblical teaching, and practical ministry."

CHILD/YOUTH ACTIVITY AUTHORIZATION FORM

I, _____, am the parent and/or legal guardian of _____, a minor, who is under my control and custody. I hereby grant my child/youth permission to participate in **BE 4th-6th grade Overnight VBS** on the dates of **June 10th, 2022, 4:00pm through June 11th, 2022, 3:00pm, held at Heartland Center in Parkville, MO.** I understand that I am responsible for dropping off my child at Heartland Center in Parkville, MO on Friday, June 10, at 4:00pm and for picking them up on Saturday, June 11, at 3:00pm. In consideration of my child/youth being permitted to participate in Liberty Christian Fellowship's (hereinafter "Church") activities and/or the above noted special event, if any, I hereby release Church, its officers, directors, employees, agents, representatives, and assigned activity volunteers from civil liability in damages for any accident or injury suffered by said child/youth while in said special event or engaged in said activities. I assume all responsibility for all risk of damage or injury that may occur to said child/youth.

Parents, please drop off your child at 4:00pm on Friday and pick them up at 3:00pm on Saturday.

I further agree that if, for disciplinary reasons determined by Church staff or supervisors of said event and/or activity, the above named child/youth is requested to return home, I shall assume responsibility and financial liability for transportation from the event to the child/youth's place of residence.

☐ I give my permission to use my child's photograph on the church website.

☐ I do not want my child's photograph on the church website.

I agree to **indemnify and hold harmless** Liberty Christian Fellowship (including its agents, servants, employees, officers and members) from any liabilities, claims, injuries, suits and claims for subrogation by insurers arising out of the minor's participation in the event (including transportation to and from the event) described in this document. This indemnity specifically includes, without limitation, any liabilities, claims, injuries and suits which are alleged to have occurred by the **negligence** of Liberty Christian Fellowship and/or its agents, servants, employees, officers and members. I understand that, by signing this document, **I incur legal liabilities for the minor mentioned in this document, and freely do so in exchange for Liberty Christian Fellowship allowing such minor to participate in the activity.**

Signed _____ Date _____, 20____.

*** PLEASE READ AND SIGN THE BACK OF THIS FORM. NOTARY IS REQUIRED.**

Notary is available at the church office Monday-Thursday 9am-4:30pm. Call for appointment.

EMERGENCY CONTACT AND MEDICAL INFORMATION

Parent/Guardian #1

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

Parent/Guardian #2

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

Emergency Contacts (other than parent or guardian)

Name _____ Number(s) _____

Name _____ Number(s) _____

Health Insurance Information

Primary Doctor's Name _____ Phone _____

Health Insurance Provider _____

Primary Insured _____

Group Number _____ ID Number _____

Please list any Known Allergies & Health Limitations

List any current medical problems, conditions or diseases:

Current Medications (include dosage and frequency):

Date of Last Tetanus Shot: _____

Permission is hereby given to the leaders from Liberty Christian Fellowship to seek medical attention and/or treatment for my child, _____, in my absence. We or our insurance company will cover any costs incurred for such medical attention.

Printed name(s) of BOTH parent(s)/Guardian(s) _____

Signature of BOTH parent(s)/Guardian(s) _____ Date _____

_____ Date _____

State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared

_____ to be know to the person

who executed the above release, and acknowledge that

_____ voluntarily executed same.

NOTARY PUBLIC _____

Date of Expiration of Notary Commission _____

(Notary Seal)