

EASTSIDE KIDS

Liability and Consent Form

NAME _____

AGE _____ BIRTHDATE _____ ADDRESS _____

PARENT(S)/GUARDIAN NAME(S) _____ / _____

PARENT(S)/CELL PHONE(S) _____ / _____

Transportation, Consent and Liability Release Form

2022

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child:

_____ to attend and participate in EASTSIDE KIDS MINISTRY EVENTS sponsored by EASTSIDE CHRISTIAN CHURCH except as noted by me.

EXCEPTIONS: _____

LIABILITY RELEASE:

In consideration of Eastside Christian Church allowing the Participant to participate in Eastside Kids ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Eastside Christian Church, it's employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student while involved in the student activities. We (I) the parent (s) or legal guardian (s) of this student hereby grant our(my) permission for the Participant to participate fully in Eastside Kids ministry activities.

Furthermore, we (I) and on behalf of our (my) student(s) hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this student. The undersigned further hereby agree to hold harmless and indemnify said church for any liability sustained by said church as the result of the negligent, willful or intentional acts of said student, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION:

We (I) authorized an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The services rendered to the afore mentioned student pursuant to this authorization. Furthermore, We(I) give permission for an adult supervisor to administer any over-the-counter medication, as specified on the student's medical form, my child may need during events.

EARLY RETURN HOME POLICY:

Should it be necessary of our (my) student to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation cost and responsibility.

TRANSPORTATION PERMISSION:

The undersigned does also hereby give permission for our (my) child to ride in any vehicle driven by and approved ADULT chaperone while attending and participation in activities sponsored by Eastside Christian Church. My student and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

We (I) the undersigned also, acknowledge that I have reviewed details regarding the events our (my) child is participation in.

PARENTS(S)/ GUARDIAN(S)

SIGNATURE(S)_____

STAFF

SIGNATURE_____

DATE_____