

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE FILLING OUT AND SIGNING IT.

**Staff and Parent/Guardian CONSENT/RELEASE OF ALL CLAIMS & MEDICAL INFORMATION FORM  
Regarding ALL Grand Island Evangelical Free Church Youth Trips/Activities/Programs/Events**

I (either student of 18/18+ years OR parent/guardian name) \_\_\_\_\_ do hereby allow

(student name OR self if 18 years or older) \_\_\_\_\_ to attend any and/or all youth group activities that I deem appropriate.

I understand that my/my child's participation in any trip/activity/program/event indicates my decision to allow his/her involvement therein. I agree and consent to have the staff members, leaders and/or counselors, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for me/my child during any and all trips/activities/programs/events, including transportation to and from any and all destinations. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured by and/or for me/my child as well as the responsibility of any and all medical costs incurred.

I do for myself, or on behalf of my child, hereby release, forever discharge and agree to hold harmless Grand Island Evangelical Free Church and the directors thereof, from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child and/or that may occur while I am/said child is participating in any youth group activity.

Furthermore, I/on behalf of my child hereby assume all risk of personal injury, sickness, death, or damage as a result of participation in any activities involved therein. The undersigned further here agree to indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant.

I permit the staff members, leaders, and/or sponsors who lead the trips/activities/programs/events to appropriately discipline myself/my child should the need arise. Should I/my child respond inappropriately or fail to change my/his/her attitude and/or behavior in a positive way, I permit those in charge to send myself/my child home. I understand that I, or my emergency contact, will be contacted before any final decision is made. Should it be necessary for the participant to return home due to disciplinary action, medical needs or otherwise, I hereby assume all transportation costs.

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
(if used)

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
(if you cannot be reached)

Do you carry medical/hospital insurance? \_\_\_\_\_ (If yes, continue below. If no, write "N/A" in blanks below)

Name of Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_  
(We MUST have the group/policy/ID number)

Does the participant have any medical condition(s) that any medical professional or we should be aware of? Please list below.  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you think would be helpful to us? Please list below.  
\_\_\_\_\_  
\_\_\_\_\_

**STAFF AND STUDENT BEHAVIOR AGREEMENT**

I (staff/student name) \_\_\_\_\_ agree to follow all guidelines established by the church staff and volunteers. In the event that I do not, I understand that I may be sent home at the expense of myself/my parent(s)/guardian(s).

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **Participant's Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Relationship to Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*PLEASE NOTE - this form will NOT be updated annually or per trip/activity/program/event.\*\*\*  
\*\*\*If any changes need to be made, please inform the office\*\*\***