

East Side Grace Brethren Church
7510 East Broad Street
Blacklick, Ohio 43004

Permission, Waiver and Indemnification

Name of Child: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Age of Child: _____ Birth Date: ____/____/____ Academic Grade: _____

Activities:

It is my understanding that participating in the programs and recreational and other activities, including special events and field trips of East Side Grace Brethren Church (ESGBC) is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with such activities, including without limitation, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability and Indemnification:

Notwithstanding the fact that it is impossible to identify or be aware of every risk or injury that such activities may involve, by signing this form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of any such activities in which he/she engages. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release ESGBC and its pastors, ministers, leaders, employees, volunteers and agents from any claim that my child, my family or I may have against them as a result of injury or illness or any other form of damages or claims we may have related in any way to my child's participation in such activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty and is intended to cover all claims that members of the child's family or estate, heirs, representatives or assigns may have.

I further agree to indemnify, hold harmless and defend ESGBC, its pastors, ministers, leaders, employees, volunteers and agents from and against any and all claims or other causes of actions related in anyway to my child's participation in such activities.

First Aid and Emergency Medical Treatment Consent:

I recognize that there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. I do hereby give permission for agents of ESGBC to seek and secure any needed medical attention or treatment for my child, if in the agent's opinion, such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I also give permission to physicians, dentists, hospitals and other health care providers and institutions to administer any needed medical treatment, including surgery and agree to pay for any such services rendered.

Publicity Consent:

On occasions, ESGBC takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in ESGBC publications or advertising materials to let others know about its ministries. In addition, local news organizations may hear of our activities or events, and ESGBC may invite or allow them to photograph or record its events for news reporting on special interest features. I hereby consent to the use of any such audio or visual record of my child as ESGBC sees fit. This consent includes but is not limited to photographs, videotapes and audio recordings. Furthermore, I give permission for my child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Emergency, Medical, Dental and Other Information:

Health Insurance: Company Name _____

Primary Care Physician: _____ Tele. Number _____

Dental Insurance: Company Name: _____

Policy Number: _____ Tele. Number _____

Dentist: _____ Tele. Number _____

Emergency Contacts:

Parent/Guardian: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Other Person: _____ Address: _____

Home Phone Number: _____ Work Phone Number: _____

Swimming Ability: _____ Non-Swimmer _____ Beginner _____ Moderate _____ Advanced

List any other information leaders should know about the child: _____

I hereby represent that I am the parent or guardian of _____,
who is under 18 years of age and that I have read the above information and M fully familiar with the
contents thereof, in consideration for allowing my child to participate in the activities of all of the
representations, releases, waivers, consents, promises to indemnify and other information contained herein.

Signature of Parent or Guardian Date: ____/____/____

Signature of Parent or Guardian Date: ____/____/____

Young Persons' Agreement:

I agree to participate in the functions and activities of ESGBC to cooperate with the leaders and other
young people and to conduct myself as a Christian. I promise to respect God, other people, property and
myself. I understand that my continued participation in ESGBC activities depends on my support of this
agreement.

Signature Date: ____/____/____