

**CONCORD FORTRESS OF HOPE CHURCH
YOUTH DEPARTMENT PERMISSION AND RELEASE FORM
(One Child Per Form – Please Print Legibly)**

The undersigned parent/guardian of _____ Age _____ (Date of Birth _____)
hereby consents to his/her participation in the following activity: **“Night That Never Ends”, April 21-22, 2017.**

It is understood that the church, sponsor or youth leaders can, under reasonable and limited conditions, alter plans of the activities. However, such alterations shall involve activities or arrangements in the same general category described in this document. It is also understood that in the event that the parent or guardian has any questions regarding the plans or believes the description to be inadequate, he or she will contact the trip sponsor to obtain additional information prior to signing this form.

The undersigned does hereby consent to the above-named youth participating in the field trip or activity identified including transportation to and from the activity, if applicable, and for consideration of the Church providing the special activities referred to the undersigned hereby covenants and agrees on his/her behalf and on behalf of the youth named above, not to sue the Church, it’s officers agents and employees, and the undersigned further agrees to hold said Church, it’s officers, agents and employees free and harmless from any and all liability in excess of the insurance coverage as aforesaid. Nothing herein is intended to, nor shall it be construed to release any insurance company or third party from any obligation to pay under any liability insurance or other benefits.

Medical Authorization – The undersigned parent or legal guardian of the above-named child hereby gives permission, in the event that the undersigned cannot be reached within a period deemed reasonable by medical authorities, for any licensed physician to perform any medical procedure of any emergency nature which said physician deems necessary for the health and well being of said child during the period of April 21-22, 2017.

If your child is taking any special medications or has a medical condition, please indicate below.

This event may include activities such as Gymnastics, Basketball, Volleyball, etc. to participants.

The undersigned does hereby consent to the child participation in including (without limitations).

In addition, the undersigned, in consideration of the activities provided by Concord Fortress of Hope Church on his or her behalf and on behalf of the child, releases and forever discharges Concord Fortress of Hope Church, its officers, directors, agents and employees and all others acting on behalf of Concord Fortress of Hope Church (the “Released Parties”) for any and all liabilities, claims, (including, but not limited to, medical claims) demands actions and causes of action in any way related to any loss or injury that the child may sustain in any way connected with the child’s participation in any and all activities conducted by or on behalf of Concord Fortress of Hope. Nothing herein is intended or shall be construed to release any insurance company or any party other than the Released Parties from all liability, claim or demand of any obligation under any insurance policy.

The undersigned has read this Consent and Release, understand its contents and fully agrees to be bound by its terms.

Parent / Legal Guardian Signature: _____ **Date** _____

Parent / Guardian Name (Please Print): _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ **Cell or Work Phone** _____