

# 2020 ANNUAL PERMISSION SLIP / Waiver

**(Please fill out completely and sign)**

I, the Parent/Guardian (if participant is a minor) or MYSELF, hereby grant permission for \_\_\_\_\_ (Participant/Self) to participate in the activities of Stockbridge Community Church of God, Inc. and acknowledge and accept the risks of injury, illness or greater, associated with participation in and transportation to and from any activities associated with Stockbridge Community Church and agree to participate at their own risk.

I, the Parent/Guardian or Myself, accept personal financial responsibility for any injury sustained during the activity or during transportation to and from any activity. Further, I, the Parent/Guardian or Myself, promise to indemnify, defend and hold harmless the activity Sponsor or its agents, employees, volunteers, or any other representatives (referred to hereinafter as 'Sponsors') for any accident/injury related directly or indirectly out of the activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

I, the Parent/Guardian or Myself, authorize treatment, by a qualified and licensed medical team, of the Participant listed above in the event any medical emergency (not limited to treatment, x-rays, anesthetic, surgical or otherwise) that the undersigned is facing a life-threatening injury or illness, which, in the opinion of the attending physician is necessary and I/we cannot be reached for personal consent. I, the Parent/Guardian or Myself, am responsible for any medical expenses of the named Participant. The authority granted shall not be limited to any accident, injury, death and/or damage which the undersigned may sustain, but also includes any illness and/or sudden attack which the undersigned may suffer during the course of any such events, trips and projects.

If a dispute over this agreement or any claim for damages arise, I, the Parent/Guardian or Myself, agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I, the Parent/Guardian or Myself, and the Sponsor cannot agree upon such a process, the dispute will be submitted to an arbitration panel for final resolution.

### MEDIA / PHOTOGRAPHY RELEASE:

I, the Parent/Guardian or Myself, recognize that Stockbridge Community Church of God, Inc., uses photographs and video images of events in our publicity materials such as websites, social media, newspapers, newsletters, etc and I hereby grant my permission for photo/video images of Participant to be taken and used for such purposes.

Please fill form out completely and return to the  
Family Ministry Offices at Stockbridge Community Church  
or via email at [family@sccview.net](mailto:family@sccview.net)

## Stockbridge Community Church CONSENT and MEDICAL INFORMATION

### Participant Release and Personal Information

TODAY'S DATE: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Participant's Full Name: \_\_\_\_\_

Participant's Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

Best Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_

### Medical Information

**\*\* FILL OUT BELOW or ATTACH A COPY OF CURRENT HEALTH INSURANCE CARD**

\*\*Health Insurance Provider: \_\_\_\_\_

\*\*Health Insurance Customer Service #: ( \_\_\_\_\_ ) \_\_\_\_\_

\*\*Medical ID/Group # \_\_\_\_\_

\*\*Name of Insured (Parental Provider): \_\_\_\_\_

Specific Allergies to medications or otherwise: \_\_\_\_\_

Blood-type (if known): \_\_\_\_\_

Special Medical conditions OR other important information: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Best Contact #: \_\_\_\_\_

\*Can you receive texts?  yes  no

Additional Info: (if Parent/Guardian cannot be reached)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: ( \_\_\_\_\_ ) \_\_\_\_\_

I, the Parent/Guardian (of minor) or Myself, confirm that all the information is true and accurate to the best of my knowledge. By signing below, I agree to the content in this form that allows the undersigned to participate in church events, trips and projects associated with Stockbridge Community Church of God, Inc. but not limited to.

Consent / waiver is effective **JANUARY 1, 2020– JANUARY 31, 2021**

\_\_\_\_\_  
SIGNATURE of PARENT/LEGAL GUARDIAN or SELF

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME of PARENT/LEGAL GUARDIAN or SELF