PERMISSION SLIP, RELEASE AND WAIVER

As parent(s)/legal guardian of _____the "Minor(s)"), I/We have reviewed the information about the Grace Community Church and give permission for the Minor to be involved and participate in all related or associated activities, including transportation to and from the event in church buses and/or leader's personal vehicles.

I/We have reviewed the rules of the activities and agree that the Minor(s) has been instructed to and will abide by them. I/We also acknowledge that if the Minor(s) has to return home early for discipline violations, it will be at my/our expense.

I/We understand that while reasonable safety precautions will be taken by Grace Community Church and their agents during the events and activities, safety cannot be assured. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of injury or other emergency. I/We understand the possibility of injury both from known risks and from unforeseen hazards and know that there is an inherent possibility of injury. I/We agree not to hold Grace Community Church, any of their respective leaders, representatives, instructors, owners, officers, employees, volunteers, staff or agents (collectively, the "Released Parties") liable for damages, losses, diseases, or injuries of any nature incurred by the Minor, I/We waive any such liability, and I/We agree to hold each and all of such Released Parties harmless from any such liability and to indemnify each and all of them from any cost, expense, or damages incurred in connection therewith.

I/We specifically understand that the event will include participation in athletic activities and that such activities can be and are inherently dangerous, and can result in injury to Minor(s), including serious injury and death. Without limiting the foregoing release, waiver and indemnity in any respect, I/We expressly give permission for the Minor(s) to participate in such activities, accept the risks thereof, waive and release each and all of the Released Parties from any liability for injury to the Minor(s) as a result thereof, and indemnify each and all of the Released Parties from any cost, expense, or damages incurred in connection with any such injury.

_____

Parent/Guardian Name(s) (Please Print) Minor(s)'s Name(s)

_____

Parent / Guardian Signature Date

_____

Parent / Guardian Signature Date

_____

Address

_____

(W) Phone # (H) Phone # (C) Phone #

_____

Health/Med. Ins. Co. Policy Number

Please list on back of this Release and Waiver any allergies and/or medical conditions the Minor may have. Also list any prescription medication he/she may be taking at this time.