

# LifeSpring Covenant Youth Release & Waiver

## Participant Information

Any limitations to participation? (physical, medical, behavioral) \_\_\_\_\_

Any allergies? (food, drug, environmental) \_\_\_\_\_

Any Medications? \_\_\_\_\_ Student can manage (circle one) Yes or No

Other participation concerns? \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Release and Waiver of Liability

I hereby give my consent to have \_\_\_\_\_ fully participate in all youth activities, outings, trips, regular events and retreats, conducted on and off the campus of LifeSpring Covenant Church, which includes but is not limited to travel in vehicles, buses and/or vans, recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. LifeSpring Covenant Church has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither LifeSpring Covenant Church nor its trustees, pastors, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow LifeSpring Covenant Church to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. LifeSpring Covenant Church may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. Furthermore, if the above mentioned Participant should for any reason need to be sent home early and/or apart from the rest of the group and/or the regularly scheduled arrival time, according to the discretion of the Pastor of Student Ministries, I agree to pay for and/or reimburse LifeSpring Covenant Church for any and all travel expenses that may occur. Both the Participant and I have read and voluntarily agree to the statements herein.

Participant Signature: \_\_\_\_\_

Parent/Legal Guardian Signature (if participant is under 18): \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_