



# Permission and Acknowledgement of Risk and Waiver Form

## Colorado Community Church – Englewood Youth Ministries

EVENT:

DATE:

COST

### Participant Information

Name (Print) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

B-day \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Emergency contact – Name & Telephone # \_\_\_\_\_

List any current allergies, illnesses physical problems and/or medications

\_\_\_\_\_  
Name, Policy #, Telephone # and address of Health Insurance Carrier

### **PARENTS/GUARDIANS: Please read and sign the following:**

I agree to waive any right or claim that I may have, or claim to have for damages arising out of any injury that I may sustain or claim to have sustained against the trip sponsor and its agents, employees, or representatives for any and all injury, damage or loss sustained by my participation arising either directly or indirectly in the trip or any of the activities that I engage in while on the trip. I UNDERSTAND THAT THE ACTIVITY IN WHICH I AM ENGAGING IN, INVOLVES A RISK OF INJURY AND I KNOWINGLY AND VOLUNTARILY ASSUME SUCH RISK OF INJURY.

I further agree to fully indemnify and hold the activity sponsor and it's agents, employees and representatives harmless from any and all claims for injury, damages or loss that I may sustain arising directly or indirectly from my participation in the sponsored activity.

I further understand and agree that this waiver and indemnification is applicable to any child under my care or control.

In the event of the need for any emergency medical care, treatment or hospitalization, I hereby authorize the trip sponsor, its agents, or its representative to obtain for me or my child under my care or control, such emergency care as is necessary or deemed advisable and I agree to be fully responsible for any expense or other cost incurred and I shall indemnify the trip sponsor, its agents or representative from any liability therefore.

I further grant Colorado Community Church-EYM the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

I hereby state and affirm that by signing below I have read the above and foregoing release and indemnification, that I understand all of its terms and expressly agree to be bound by the same and that my signature evidences my free and voluntary act of each and every condition as contained herein.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

COLLISION