



Parental Consent & Medical Authorization

Grace Central Church New Year's Eve Youth Lock In

1. Your child is invited to participate in a church-sponsored event. Participation in this event is voluntary, but you must give permission before your child may participate. If you do not give permission, your child will not be able to participate in this event. Your child will be supervised by adult volunteers. We cannot enumerate every risk but we believe that you are generally familiar with this event/activity and your child; therefore, you are in the best position to decide whether your child should participate. The Church administrative staff has approved this event, but we cannot and do not guarantee that there will be no injuries or damages as a result of this event. The volunteers will do everything to the best of their ability to assure your child's safety.
2. By signing this form, you agree that your child may participate in the event. By signing this form, you also agree to release staff, and volunteers and volunteer supervisors from any and all damages and/or injuries except for those that result from gross negligence or wanton and willful misconduct. Should it be necessary for your child to have medical treatment while participating in this event, and a parent cannot be reached, your signature gives Grace Central Church personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that Grace Central Church has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.
3. My child will conduct themselves in accordance with the rules of conduct and standards of behavior that are expected of them as a participant of the **Grace Central Church New Year's Eve Lock In** and to abide by the various instructions and guidance they are given by **Grace Central Church** or by an Activity coordinator designated by **Grace Central Church**.

Child's Name: _____ Child's Age: _____

Parent/Guardian Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Phone #: _____

Email: _____

Date: _____