



MEDICAL & LIABILITY RELEASE

I have read and approve the included information. You have my permission for my child to attend named outing. I, acting on my own behalf, also release Grove Christian Center, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in the named outing. I am aware of the risks associated with participating in this outing and accept my child's participation with full awareness of these risks.

I give my permission for the Grove Christian Center's leaders of this outing to treat the listed child in the event of a minor illness or minor injury. In case of emergency, and when I am unable to be contacted, I hereby give permission to the local physician selected by the Grove Christian Center leaders to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

I authorize Grove Christian Center to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against GCC for the use of such photos or videos. I authorize GCC leaders to inspect my child's belongings to see that they have not brought any prohibited or illegal items. I understand that if my child misbehaves and violates the rules set by the GCC leaders, I may be called to pick him/her up.

Signature of Parent or Guardian Required

Print Name

Date

I have read and agree to abide by the rules of this registration form and those set forth by the GCC leaders of this outing.

Child / Youth Signature