GCC Permission Slip/Liability Waiver

As the parent/legal guardian of _____, I am in complete understanding that my son/daughter is participating in activities sponsored by the **Youth Ministries** of **Grace Community Church, 2333 Roosevelt Blvd., Winchester, VA 22601**. I fully understand and choose not too, and will not hold the **Grace Community Church**, any of their **agents, assigns, employees, or volunteer sponsors** (hereafter all referred to as **sponsors**) liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in activities, except in the case of gross negligence. I authorize **Grace Community Church** and their **sponsors** to find adequate and reasonable medical treatment at my expense, if the need arises.

This waiver will serve as a medical release form, thus authorizing the sponsor permission to act on my behave until such a time that I can be contacted.

Additionally, I understand that if my son/daughter engages in any known or unknown illegal activities at any time while participating in youth events, **Grace Community Church** and their **sponsors** will not be liable for any damages or problems he/she may cause, and will not be liable to perform any legal defense on their behalf. I also understand that if any problems do arise, my son/daughter will be sent home, at my expense, on the first available means of transportation, at the **sponsor's** discretion. The parent/guardian will be contacted in the event this action is necessary. By signing below I recognize that **Grace Community Church** may take photographs, video and audio recordings of my child. These recordings may be used for promotional or teaching purposes on the internet, in services and in promotional materials.

Child's name _____

Parent's name (please print)_____

Parent Signature _____ Date _____

I understand that by signing below, as the parent/legal guardian, I agree to and will adhere to the preceding statements and grant permission for my child to participate in activities (Signing below does not nullify your rights granted to you by local, state, and federal laws). Also, I understand that my child will not be allowed to participate if they are not accompanied by this completed form before the activities begin.

_____	_____	_____
PARENT/GUARDIAN SIGNATURE	**DATE**	**TEL # (s).**

As a teen participant, I agree to abide by the guidelines and instructions of the youth leadership of **Grace Community Church**. I understand that if I disobey guidelines, instructions and expectations of the youth leadership, I will be sent home at my parent's/guardian's expense.

_____	_____
Teenager's Signature	**Date**

ADDITIONAL INFORMATION

Please give your teenager's insurance information below. This information will only be used if a situation warrants emergency medical attention. If we do not have this information we will still seek medical treatment, but the billing issues will need to be settled between you, the insurance provider, and the medical provider.

_____	_____
Insurance Provider Name	**Policy Number**
_____	_____
Insured's Name	**Group Number (if applicable)**
_____	_____
Teenager's Doctor	**Phone #**
_____	_____
Father's Name (Please Print)	**Phone #**
_____	_____
Mother's Name (Please Print)	**Phone #**
_____	_____
Teenager's Name (Please Print)	**Soc. Sec. #**

PARENTS: Please add any information about your teenager, which will be helpful for the youth leadership on the reverse side of this permission form. PLEASE INCLUDE ANY ALLEGIES & MEDICINES.