

Dogwood Student Ministry
PERMISSION/ WAIVER FORM
Event _____

Name of Child or Adult Participant (please print) _____

Address _____

City _____ State _____ Zip _____ Phone _____

If the participant is a child, print the names of parent(s) and/or legal guardian(s)

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of DOGWOOD CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release DOGWOOD CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against DOGWOOD CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless DOGWOOD CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Health Insurance

Date of last Tetanus: _____

Health insurance information:

Insurance Company _____

Policy Number _____ Phone Number _____

Group Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:

Parent/Guardian _____ Home _____ Work _____

Parent/Guardian _____ Home _____ Work _____

Other _____ Home _____ Work _____

Parent/Guardian Signature _____ Date _____