2023-2024 GATEWAY COMMUNITY CHURCH STUDENT MINISTRIES

Medical Authorization and Liability Waiver

Participant Name:_____ Gender: _____ M _____ F

Address: _____ City:_____State: _____ Zip: _____

Home Phone: (_____)_____–_____ Participant Cell: (_____)_____– _____

Participant E-mail:_____ Birth Date:_____/_____/ _____

Age:_____Grade:_____School: _____

I, the undersigned, is the parent or guardian of the student whose name is listed above. I give permission for my student to participate in the youth activities happening in the 2023-2024 (June-May) year. I recognize there are risks involved and hereby assume all risk of injury, harm, damage, or death to the student in connection with his/her participation.

To the fullest extent permitted by law, I release Gateway Community Church, it's trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my student while participating in the activities and agree to save and hold harmless Gateway Community Church, it's trustees, officers, directors, employees, agents and representatives from any claims arising out of my student's participation in the activities.

In the event of medical emergency, Gateway Community Church is authorized to obtain emergency medical care and treatment of the student, including transportation to a licensed medical facility. Gateway Community Church shall notify the undersigned immediately concerning any such emergency. All costs and expenses resulting from a medical emergency shall be borne exclusively by the undersigned.

I understand that as a participant, my child may be photographed or videotaped during normal events or activities, and these photos/videos may be used in all forms and media, and in all manners for lawful purposes.

Due to Covid-19, we will do our best to follow all CDC protocols and guidelines, however inherent risk of exposure to the virus exists in any public place where other people are present. By signing this waiver I understand and acknowledge the possible risks related to the exposure of Covid-19.

Parent/Legal Guardian Contact Info:

Parent/Legal Guardian Name: _____

Cell Phone: (_____)_____–_____ Work Phone: (_____)_____– _____

Parent/Legal Guardian Email: _____

Health Insurance Company:_____Policy #: _____

Holder's Name: _____

Please list any allergies (food, medication, etc.) or medical conditions: _____

_____

_____

Emergency Contact (in the event you cannot be reached)

Name: _____ Relationship: _____

Phone: (_____)_____– _____

Printed Name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature:_____ Date: _____