



2010 Parental Consent Form

This is our 2010 Consent Form. We MUST have a consent form for any student that we transport from the church property. If we are leaving the State of North Carolina, the form must be notarized and on file for the year. Just print it out and bring it with you. We have this form on file in the Student Ministry Office. Our Notary can seal it for you at no cost if you sign it in her presence.

*****Please note trip participant guidelines at the bottom of the form must be completed as well*****

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

In consideration for being accepted by L1FE 1impact Student Ministries & Life Community Church for participation in activities during the calendar year 2010, we (I), being 18 years of age or older, do for ourselves (myself) (and for on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless L1FE 1impact Student Ministries, Life Community Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while the child is participating in church sponsored activities during the above stated calendar year.

Furthermore, we (I) on behalf of my child-participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to L1FE 1impact Student Ministries & LIFE Community Church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify L1FE 1impact Student Ministries & LIFE Community Church, it's directors, employees and agents, for any liability sustained by L1FE 1impact Student Ministries as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents, legal guardian(s) of this participant, and hereby grant our (my) permission for him / her to participate fully in activities in said calendar year, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name: _____ Age: _____ Birth Date: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade in or just completed: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child _____, to attend and participate in activities sponsored by L1FE 1impact Student Ministries & LIFE Community Church through December 31st, 2010.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician

or dentist licensed under the provisions of the Medical Practice Act on the Medical Staff of a licensed Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by L1FE 1mpact Student Ministries & LIFE Community Church.

Hospital Insurance?: () Yes () No

Company / Policy Number: _____

2 Parents must sign. If parents are separated / divorced, custodial parent must sign.

X _____
(Father or legal guardian signature) (Date)

X _____
(Mother or legal guardian signature) (Date)

(Print Father or legal guardian)

(Print Mother or legal guardian)

**PLEASE FILL IN ALL THE BLANKS ON FRONT AND BACK OF THE FORM; IF NOT APPLICABLE USE N/A,
NOTARY IS PRFERRED BUT NOT REUIRED IF WE ARE NOT LEAVING NC.
WE HAVE A NOTARY IN THE OFFICE THAT WILL NOTARIZE IT IN YOUR PRESENCE, AT NO COST.**

Please list all allergies or special medical considerations your child may have:

Notary Seal & Signature:

Witness my hand and official

Seal this _____ day of _____, 2010

Notary Signature: _____

Exp Date: _____

*****Trip Participant Guidelines, all participants are to read the area below, agree to the directions and sign as indicated*****

1. Respect everyone. (1mpact adults are in charge at every event. Their instructions are to be followed.) No attitudes or language please, we all want to enjoy the event.
2. Represent well. You are representing yourself, our leadership and our student ministry, please act appropriately.
3. NO: Electronic devices (we want to meet you and get to know you, this is more difficult if you have headphones on or your face is buried in a Gameboy, PSP or IPod), no substances that are illegal for minors, no fireworks or weapons of any kind or size (just like school). Please for everyone's comfort, NO PDA...relationships are great but no public displays of affection.

TRIP PARTICIPANT ONLY

I have read the foregoing guidelines and understand the rules of conduct for participants and will abide by them as well as the direction of the leadership of all activities. I also understand that misuse or non conformance of these guidelines subject me to dismissal from the activity as well as my parents need to provide transportation to get me home from such an event.

X _____ Student Participant

E-mail address: _____ @ _____

School you attend: _____ Grade: _____

Would you like to be added to our mailing list? _____ Guest of: _____