Baker City Church of the Nazarene
Permission Slip/Liability Waiver

Event Name: _____
Location: _____ **Date:**_____

As the parent/legal guardian of _____(Child's Name), I am in complete understanding that my son/daughter is participating in the above mentioned event, sponsored by the Youth Ministries Department of Baker City Church of the Nazarene. I fully understand and choose not to, and will not hold the Baker City Church of the Nazarene, 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 this activity, except in the case of gross negligence.

I authorize Baker City Church of the Nazarene 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 behalf 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 this youth event, Baker City Church of the Nazarene 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.

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 this activity (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 activity begins.

_____ _____ _____
Parent/Guardian Signature Date Telephone # (s).

As a teen participant, I agree to abide by the guidelines and instructions of the youth leadership of Baker City Church of the Nazarene. 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 by you, the guardian.

_____ _____
Insurance Provider Name Policy Number Insured's Name Group Number (if applicable)

_____ _____
Teen's Doctor's Name & Phone # Teen's Name (Print)

_____ _____
Father's or Guardian's Name & Phone # Mother's or Guardian's Name & Phone #

_____ _____