

North Heincke Road FIRST CHURCH OF GOD
446 North Heincke Road, Miamisburg, Ohio 45342

**PARTICIPANT / PARENT / GUARDIAN WAIVER AND
INDEMNITY AGREEMENT**

Program / Activity: Planned youth activity or event during the dates
of December 31, 2007 thru January 2, 2009.

Participant's Name: _____

In consideration of your accepting me or my child for participation in the above named program, activity, or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against NORTH HEINCKE ROAD FIRST CHURCH OF GOD and it's agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by the NORTH HEINCKE ROAD FIRST CHURCH OF GOD.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the NORTH HEINCKE ROAD FIRST CHURCH OF GOD harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For consideration stated above, I further agree that in the event that my child or I should make any claim against the NORTH HEINCKE ROAD FIRST CHURCH OF GOD for damages arising out of the above named program, activity, or sport, I will personally indemnify, defend, and hold harmless the NORTH HEINCKE ROAD FIRST CHURCH OF GOD and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I authorize any adult chaperone accompanying the trip/event to obtain any medical treatment for the participant that should appear necessary during the trip/event.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature: Participant: _____

Date: _____

(If Participant IS NOT a minor)

Parent/Guardian: _____ **Date** _____

(If Participant IS a minor)

EMERGENCY MEDICAL FORM OF A MINOR

Youth's Name: _____

Youth's Address: _____

Youth's Phone Number: _____

Youth's Birthdate: _____

In an Emergency, parents can be reached as follows:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Youth's Medical History:

Allergies, if any, including medication:

Chronic or existing diseases or medical problems: (i.e. Diabetes, Epilepsy, etc.)

Medicines your youth is currently taking & Instructions:

Over the counter medicines that may be given to your youth: (i.e. Tylenol, Cough Drops, Benadryl)

Medical Information:

Family Doctor: _____ Phone: _____

Medical Insurance Carrier: _____

Medical Insurance ID #: _____

Member's Name: _____

Insurance Benefit Code #: _____

Insurance Account #: _____

Signature of Parent: _____ **Date:** _____