

IGNITE / Grace Liability Release July 2015 through June 2016

During _____ participation in activities, including IGNITE Mission trip, through Grace Presbyterian Church located at 5002 E. Douglas, Wichita, KS 67208 for the program year from July 2014 through June 2015.

I, on behalf of my child/participant, do hereby release, forever discharge, and agree to hold harmless Grace Presbyterian Church and the agents 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 child/participant that occur while said child is participating in the above described trip or activity.

Furthermore, I, on behalf of my child/participant, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work related activities involved therein.

Furthermore, authorization and permission is hereby given Grace Presbyterian Church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said institution, its directors, employees, and agents for any liability sustained by said institution as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

[Signature of Youth/Participant]

[Signature of Parent or Guardian] [Date]

Appointment of Agent

I hereby appoint Kirk Anderson, Jim Grannis or Maggie McIntire and all people authorized by any of them, as my agent(s) for the purpose of authorizing and consenting to hospital care and/or medical treatment for any illness or injury that may occur while my child is in the care of the agent(s) and while I am not immediately available to give such consent.

[Name of Youth/Participant]

[Birth Date]

[Physician's Name]

[Physician's Phone Number]

[Parent/Guardian Phone Number—Home]

[Parent/Guardian Phone Number—Work]

[Health Insurance Company]

[Policy Number]

[Group #]

List allergies, medications, and/or conditions _____

[Signature of Parent or Guardian]

[Date]

Notary: