

# NEW LIFE CHURCH

A FAMILY MINISTRY CENTER

## ACTIVITY RELEASE FORM

### **FOR THOSE 18 YEARS OF AGE OR OLDER, ALL PARENTS, AND ALL GUARDIANS:**

I consent for any of my children listed below to participate in any activity or trip sponsored by the New Life Church or its Affiliates\* (collectively, "Church").

In case of medical need or injury, I authorize the Church to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, or in my capacities as parent, guardian, or next friend of my children, (PLEASE PRINT) \_\_\_\_\_, waive, release, and indemnify the Church and all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Church activity or trip and that involve any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct or gross negligence.

I understand that the Church may take photographs of me and my family in the course of its activities, and I grant the Church permission to publish such photographs in a manner the Church deems appropriate.

This **Activity Release Form** is in effect for events or activities that I, or any of my children, may participate in. This form is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the Church.

\_\_\_\_\_  
Date                      Adult Signature                      Date                      Adult Signature

Print Names of Children:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_  
\_\_\_\_\_ Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_  
Special considerations or needs (allergies, asthma, etc.): \_\_\_\_\_

**Parents: Please list any additional medical information you believe the hosting ministry would require to properly care for your child, on the back of this form.**

### **FOR ALL THOSE OVER 14 AND UNDER 18 YEARS OF AGE:**

I waive, release, and indemnify the Released Parties as identified above from all demands, claims, or liability that have arisen or may arise from any Church activity or trip and that involve any damage, loss, or injury to me, my property, or my children's property.

\_\_\_\_\_  
Date                      Minor's Signature                      Date                      Minor's Signature

\_\_\_\_\_  
Date                      Minor's Signature                      Date                      Minor's Signature

\* "Affiliates" includes the World Prayer Center

