



THE REFUGED 2018 EVENT WAIVER FORM

Please read this form carefully, fill out completely and legibly, and return to a youth leader. This permission & waiver form is to cover all events with The Refuged youth in the year of 2018.

Youth Name: _____

Parent Phone: _____ Youth Phone: _____

Parent E-mail: _____

Youth E-mail: _____

Address: _____

City: _____ State: _____ ZIP Code: _____ D.O.B.: _____

Please read the following agreement and sign below:

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of The Refuged, the Real Church Youth Group, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Real Church, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release Real Church, its officers and directors, employees, agents, and volunteers harmless from any cause or action, claim, or suit arising therewith. I release Real Church and Refuged staff from any liability in the event of an accident in route, during, or returning from any activities. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, audio, video, and quotations from my child or ward during his/her involvement with The Refuged, Real Church Youth Group, to be used to further promote volunteerism and youth activities.

Permission

I hereby give permission to my child or ward to participate in all activities and events with The Refuged Youth in the year of 2018. I also give Real Church and The Refuged staff permission to take my child or ward to the hospital in case of any emergency and to administer medication that I provide for my child. I further attest that my child or ward has no allergies or special medical needs other than those listed below:



Medications or Allergies:

Parent/Guardian's Signature

Date