

## Release Form – The Solid Rock of Atlanta – Multiple Events

Events: All activities for “Cross Culture” & “Cross Over” Youth Groups – “The Solid Rock of Atlanta” Youth Ministries

Effective Dates: January 1, 2016 to December 31, 2016

### Please PRINT Clearly

Youth's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Cell Number(s) of Parent or Legal Guardian Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Legal Guardian \_\_\_\_\_

Emergency contact other than parents:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned represents to The Solid Rock of Atlanta (herein referred to as TSRA), a religious non-profit organization, that he/she is the parent or legal guardian of the above named child; and the undersigned does hereby consent to such minor taking part in TSRA youth group activities and transport to and from activities. The undersigned does for him/herself and such minor wholly release TSRA and TSRA representatives from any responsibility or liability involving person or property damage during TSRA activities. Undersigned will assume the risk and responsibility for any expense or damage to fore mentioned minor's person or property incurred at TSRA related activities. Undersigned hereby waives any claims or causes of action against TSRA (and TSRA representatives) and agrees to hold TSRA (and TSRA representatives) harmless in event that any such claim arises involving fore mentioned minor or undersigned at a TSRA activity. The undersigned agrees that their minor is to abide by the rules and regulations, supervision, and discipline set and applied by TSRA and its agents. Undersigned consents to TSRA and TSRA representatives the ability to arrange for necessary medical treatment for the fore mentioned minor, if such a need arises, while the minor is in the possession of TSRA or a TSRA representative. The undersigned will hold harmless TSRA or TSRA representative from any incurred expenses that the fore mentioned minor incurs during treatment. The undersigned will reimburse TSRA for any out of pocket expenses that TSRA or TSRA representative may incur while treating the fore mentioned minor. The undersigned also agrees to pay in full for any property damage caused by fore mentioned minor incurred at TSRA events.

Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctors Name \_\_\_\_\_

Medications Currently Taking \_\_\_\_\_

Allergies \_\_\_\_\_

I give permission for my child to participate in TSRA functions. I have read the above Release of Liability and agree to its provisions.

I agree to assume full responsibility for updating any medical and/or insurance information throughout the year as necessary.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_