



Youth Ministries –Information Sheet and General Release

VOLUNTEER INFORMATION (PLEASE PRINT)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Gender: _____

Phone Number: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

INSURANCE INFORMATION

If you do not have insurance, please call Grace Chapel Youth Ministries office at 615-591-5091.

Insurance Company _____ Policy Number _____ Policy Holder _____

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE TRIP OR ACTIVITY SPONSORED BY GRACE CHAPEL YOUTH MINISTRIES DESCRIBED HEREIN AND IN CONSIDERATION OF THE BENEFITS TO BE DERIVED THERE FROM, I HEREBY RELEASE GRACE CHAPEL CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS FROM ALL CLAIMS AND LIABILITIES OF ANY KIND, WHETHER KNOWN OR UNKNOWN, WHICH ARISE FROM OR ARE CONNECTED IN ANY WAY WITH MY PARTICIPATION OR THE PARTICIPATION OF ANY MEMBER OF MY FAMILY, INCLUDING MY SPOUSE OR MINOR, IN THE TRIP OR ACTIVITY.

I RECOGNIZE THAT THE CONDITIONS IN SOME OF THE PLACES TO WHICH I TRAVEL MAY NOT BE OF THE SAME STANDARD AS THE CONDITIONS TO WHICH I AM ACCUSTOMED. I REALIZE FURTHER THAT THERE MAY BE CERTAIN HEALTH RISKS AS WELL AS OTHER RISKS TO PERSONNEL AND PROPERTY, AND I ENTER INTO PARTICIPATION IN THE TRIP OR ACTIVITY WITH KNOWLEDGE OF THOSE RISKS.

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE A LEADER OF THIS ACTIVITY, AS AN AGENT FOR ME TO CONSENT TO: ANY X-RAY EXAMINATION; MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS; TREATMENTS; HOSPITALS CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON OR DENTIST (AS APPROPRIATE) LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE OR COUNTRY WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN A HOSPITAL. I EXPECT MY FAMILY TO BE CONTACTED AS SOON AS POSSIBLE.

I CERTIFY THAT I AM LAWFUL AGE AND COMPETENT TO SIGN THIS RELEASE, AND HAVE DONE SO VOLUNTARILY.

I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A FULL AND COMPLETE WAIVER OF ALL POSSIBLE CLAIMS FOR ANY ACT OR OMISSION, INCLUDING CLAIMS FOR NEGLIGENCE OR BREACH OR WARRANTY REGARDING INJURY OR PROPERTY DAMAGES, ARISING OUT OF MY PARTICIPATION IN THE TRIP OR ACTIVITY.

I UNDERSTAND THAT THIS RELEASE APPLIES TO, COVERS, AND INCLUDES UNKNOWN, UNFORESEEN, UNANTICIPATED, AND UNSUSPECTED DAMAGES, LOSSES, OR LIABILITIES AND THE CONSEQUENCES THEREOF, WHICH RESULT FROM THE MATTERS HEREINBEFORE INFERRED TO AS WELL AS THOSE NOW DISCLOSED AND KNOWN TO EXIST. THE PROVISIONS OF ANY STATE, FEDERAL, LOCAL, TERRITORIAL LAW OR STATUTE PROVIDING IN SUBSTANCE THAT RELEASES SHALL NOT EXTEND TO CLAIMS OR DAMAGES WHICH ARE UNKNOWN OR UNSUSPECTED TO EXIST AT THE TIME ARE HEREBY EXPRESSLY WAIVED BY ME.

I GRANT PERMISSION TO GRACE CHAPEL CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS TO USE MY NAME AND/OR PHOTOGRAPHS FOR USE IN GRACE CHAPEL CHURCH PUBLICATIONS SUCH AS BROCHURES AND NEWSLETTERS, AND TO USE MY NAME AND/OR PHOTOGRAPHS IN ELECTRONIC VERSIONS OF THE SAME PUBLICATIONS OR ON THE GRACE CHAPEL CHURCH WEB SITES OR OTHER ELECTRONIC FORMS OR MEDIA. I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PHOTOGRAPHS OR PRINTED OR ELECTRONIC MATTER THAT MAY BE USED IN CONJUNCTION WITH THEM NOW OR IN THE FUTURE, WHETHER THAT USE IS KNOWN TO ME OR UNKNOWN. I HEREBY AGREE TO RELEASE, DEFEND, AND HOLD HARMLESS GRACE CHAPEL CHURCH AND ITS PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS, INCLUDING ANY FIRM PUBLISHING AND/OR DISTRIBUTING THE FINISHED PRODUCT IN WHOLE OR IN PART, WHETHER ON PAPER OR VIA ELECTRONIC MEDIA, FROM AND AGAINST ANY CLAIMS, DAMAGES OR LIABILITY ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS, INCLUDING BUT NOT LIMITED TO ANY MISUSE, DISTORTION, BLURRING, ALTERATION, OPTICAL ILLUSION OR USE IN COMPOSITE FORM, EITHER INTENTIONALLY OR OTHERWISE, THAT MAY OCCUR OR BE PRODUCED IN TAKING, PROCESSING, REDUCTION OR PRODUCTION OF THE FINISHED PRODUCT, ITS PUBLICATION OR DISTRIBUTION.

Signature _____

Date _____