



grace chapel

### Release of Liability Consent to Participate

I, the undersigned parent(s) or guardian(s), hereby consent for my child to participate in the 2008 Foursquare Youth Outreach to Las Vegas. I certify that my child is able to participate in any and all of the activities that this trip entails. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below.

In the event that an emergency occurs, I give my permission for my child to be medically treated and cared for by means that may be necessary. If I cannot be reached within a reasonable period of time, as determined by the church officials, I hereby authorize emergency medical decisions for my child to be made by the church or the adult sponsor. I give permission for them also to be treated at a medical facility. I may be reached at the telephone listed below.

Name of Child: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Is student on prescription medication?  Yes  No

If yes, please list exactly what and when it is to be taken:

*(Attach additional information as needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of last immunizations:**

DTP \_\_\_/\_\_\_/\_\_\_ Measles \_\_\_/\_\_\_/\_\_\_

**Does student have any of the following conditions?**

Diabetes:  Yes  No Tuberculosis:  Yes  No

Epilepsy:  Yes  No Other: \_\_\_\_\_

Asthma:  Yes  No

**Allergies (Severe reactions only):**

Hay Fever:  Yes  No      Penicillin:  Yes  No

Ivy Poison:  Yes  No      Insect Stings:  Yes  No

Food, Drugs, Other: \_\_\_\_\_

**List any surgeries or serious injuries in last two years:**

\_\_\_\_\_

\_\_\_\_\_

**Restricted Activities:** \_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELLIMINARY AND SUBSEQUENT THERETO.** For myself and for my child, I hereby irrevocable and unconditionally release and forever discharge claims, expenses, obligations and damages of any nature whatsoever, which my child or I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including but not limited to, any injury to my child or property, even injury resulting in death. I release Boise Eastside Foursquare Church (i.e., Grace Chapel) and the International Church of the Foursquare Gospel, a non-profit religious California corporation, and all of its representatives from all liability. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of Idaho and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I have carefully read and understand this release, I know the contents of this release, I sign this release as my own free act, I understand that this is a full and legally binding release of all liability.**

Date: \_\_\_\_\_

Parent or Guardian Name (print): \_\_\_\_\_

Parent or Guardian Name (sign): \_\_\_\_\_