

Griffin First Assembly of God and Valor
Minor Participation Release Form for 2021
(THIS COVERS THE YEAR OF 2021)

I, _____, am the parent or legal guardian of _____, who was born on _____.
I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument.

As a parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a minor attending Griffin First, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- | | |
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| 1. Physical activities, both indoors and outdoors; | 5. Travel by automobile; |
| 2. Sports, informal and organized; | 6. Activities around water, including swimming/boating; |
| 3. Use of recreational equipment; | 7. Hiking, camping and |
| 4. Field trips, both on and off campus; | 8. Construction and maintenance projects. |

I acknowledge and understand that Griffin First and Valor may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities. I acknowledge and understand that this **PARENTAL CERTIFICATION, CONSENT AND RELEASE** has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury, or damages that may occur as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities. I acknowledge and agree that Griffin First and Valor shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that result in injury, death, or any other damages to my child, me, or my family, heirs, or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm, injury, or damage that may befall my child, me, or my family, heirs, or assigns while engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free will. It is my intention by signing this document to exempt and release Griffin First and Valor from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence. I further acknowledge and agree that my signature on this **PARENTAL CERTIFICATION, CONSENT AND RELEASE** shall constitute a bar to any recovery by my child, me, or my family, heirs, or assigns in all suits and actions that may be instituted against Griffin First, Valor, its agents, servants or employees for injuries or death to my child, whether or not same resulted from the negligence of Griffin First, Valor, its agents, servants, volunteers, or employees, or due to the negligence of my child, or due the risks ordinarily incident to my child's participation in these activities, or due to the contributory negligence of my child. I understand that Griffin First and Valor have rules and regulations that either I or my child must comply with. By signing below, I additionally agree to comply with these rules and regulations including providing all documents requested by Griffin First and Valor. I understand this release form is to cover any and every Griffin First event for this year.

I understand that it is my obligation to inform the management of Griffin First and Valor of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving Griffin First and Valor or its programs. If applicable, I have provided these on the Consent for Medical Treatment and Information Form Attached.

I also understand Griffin First, and Valor retains the right to use for publicity and advertising, photographs and video taken of the participants.

I have fully informed myself of the contents of this **PARENTAL CERTIFICATION, CONSENT, AND RELEASE** by reading it before I signed it.

PRINTED NAME OF PARENT OF GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

Griffin First Assembly of God and Valor

CONSENT FOR MEDICAL TREATMENT OF MINOR and MEDICAL INFORMATION

I _____ am the parent or legal guardian of _____ who was born on _____. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I consent to the examination or treatment of my child by a physician duly licensed to practice medicine or any health care professional duly licensed to provide health care services for medical care and services deemed necessary by Griffin First, Valor, its agents, servants, volunteers, and employees. I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

The following are special conditions concerning my child of which chaperones or medical personnel should be aware (such as allergies, physical condition, medications, or other needs):

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to Griffin First and Valor that no permission or consent from any other person is required by law.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Griffin First and Valor of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Griffin First or involving Griffin First, Valor or its programs.

I understand that should the need for medical attention arise, Griffin First and Valor will attempt to contact me as soon as practicable under the circumstances.

(Print name of parent or guardian)

(Signature of parent or guardian)

(Date)

Health Insurance Company: _____ Name on Policy: _____

Policy Number: _____ Group Number: _____

Subscriber Number: _____

**Griffin First Assembly of God and Valor
General Information Form**

Participants Full Legal Name: _____
(Last) (First) (Middle)

Participant's Date of Birth: _____ **T-Shirt Size** _____

Parent/Guardian Full Legal Name: _____
(Last) (First) (Middle)

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Alternate/Cell Phone Number:** _____

If parent/guardian is not available, emergency contact is:

Name of Emergency Contact: _____

Phone Number: _____ **Alternate/Cell Phone Number:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship to Participant: _____

Additional Information: _____
