

# The Fellowship

## Waiver-Release Form

### General Transportation Waiver for Adult Drivers in Own Personal Vehicles, Adult Drivers in Rented Vans, or Hired Driver in Chartered Bus

I/we as parent/guardian of \_\_\_\_\_ acknowledge that his/her participation in all Children or Youth Ministry Events for 2021 is hereby granted. I agree to all the terms and provisions of this Release Form.

I realize this trip will be accompanied by adult supervisors/chaperones that will drive their own personal vehicles, or rented vans or will accompany the group on a chartered bus, as is prearranged for the specific event and will exercise supervision over the group. I understand that these supervisors will exercise reasonable care in the supervision of the children going on each trip, as they will be attending to the safety of my child. I understand that I will be contacted in case of emergency, however if conditions are such that it is impossible or impractical to notify me in advance, I grant permission for my child to be treated by a medical physician selected by an adult supervisor on the trip. I will assume full financial responsibility for all medical services, including emergency medical services. I do fully release, remise and hereby waive all claims against **The Fellowship**, its agents, employees, and the adult supervisors participating in all events, except to the extent any claims arise from willful or wanton misconduct, an intentional tort, or gross negligence. This Release Form is made prior to any injury of claim and is given as consideration for my child's participation.

I represent that my child is in good physical health and condition, with no known allergies, requiring no medication during the trip, except as I have written below:

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

#### Emergency Contacts:

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

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

#### Medical Insurance:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### Photo Permission

**(Please check one) I \_\_\_ Do or I \_\_\_ Do Not**  
give permission for my child's photo to be used on our church website,  
in publications related to our church, or in display within our church.

**I agree to the terms and conditions stated above.**

\_\_\_\_\_  
Parent/Guardian Signature                      Printed Name                      Dated:

#### Additional Information Requested by Children's or Student Ministry

**Age & Grade:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**Parent Email:** (please provide) \_\_\_\_\_

**Fill out this form, return via eMail, FAX 281-392-1392 or drop form to 22765 Westheimer Parkway, Katy 77450**

Office Use Only: Circle Ministry Area that Applies for 2020: **Children** or **Youth**