



# GRANITE CREEK COMMUNITY CHURCH

Adult Name: \_\_\_\_\_ Student Name(s): \_\_\_\_\_  
 Adult Phone #: \_\_\_\_\_ Student Phone #(s): \_\_\_\_\_  
 Adult Email: \_\_\_\_\_ Student Email(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Student(s) Birthday: \_\_\_\_\_ Student(s) Current Academic Year: \_\_\_\_\_  
 Allergies, Special Diet, Medical Concerns Etc: \_\_\_\_\_

### ACTIVITY PERMISSION:

I hereby give permission for my student(s) to attend youth events both on site and off site with Kairos Granite Creek Youth (GCY).

### PHOTO CONSENT:

By signing this form, I give permission for Granite Creek Community Church (GCCC) to take photos and videos of my student at GCCC related events. I grant GCCC permission to use those photos for any church purpose including but not limited to, social media, video and audio productions, advertising and promotional materials or other media.

### MEDICAL RELEASE:

In the event my student becomes ill or sustains an injury while in the charge of GCCC, I wish to be notified promptly. If it is not possible to contact me, I give permission to those in charge to take whatever steps necessary for my student to receive emergency medical/surgical care as deemed necessary by any duly licensed physician or practitioner, to administer necessary treatment required for the relief of pain and to preserve his/her life and health. I herewith authorize the emergency medical/surgical treatment of my student at said physicians office or a licensed medical hospital. In addition, I give my consent for nonprescription medicine to be administered to my student in the event of a headache, fever, aches, pains, colds, stomach pains; and I consent for my student to be treated for minor injuries (cuts, scrapes) by those in charge.

Alternative Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Insurance Provider: \_\_\_\_\_ ID #: \_\_\_\_\_

### ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify GCCC, its employees, partners, representatives and all other persons or entities from any and all liability, claims, demands, actions, or rights of action for personal injuries and/or property damage which are related to, arise out of or are in any way connected to youth activities at GCCC.

### Kairos GCY Student Behavior Pledge

- I will not come to any GCCC activities if I have a cough, fever, or feel unwell.
- I understand that my behavior can impact those around me both positively and negatively. (Proverbs 13:20)
- I will do my best to behave in a way that is respectful and uplifting to those around me. (Colossians 1:10)
- I understand that I will receive two disciplinary warnings before I will need to call home.
- I understand that on the third disciplinary warning I will be sent home with a guardian coming to pick me up.

I HAVE CAREFULLY READ AND UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Name (printed): \_\_\_\_\_

(If student is under 18) I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver of Liability. I also agree to the conditions of my child's behavior pledge.

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (printed): \_\_\_\_\_