



**Waiver and Medical Release
Grace Community Church of Lansford
Van Ministry**

Name of Rider: _____ **Age (if under 18):** _____
(First Name) (Last Name)

Address _____

Parent or Legal Guardian Name (Printed): _____

Phone Number: _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: _____

RELEASE: I, parent or guardian, hereby give approval for my child to **RIDE THE CHURCH VAN FOR THE YEAR OF 2014** and relieve Grace Community Church of Lansford, and all affiliated staff/ representatives from any and all liability for sickness, accidents or injuries while attending or being transported to/from the church. In the event of an emergency and I cannot be contacted, I give my consent to the Church representatives to authorize medical help on site or at an appropriate medical facility.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither Grace Community Church of Lansford nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any personal property lost or stolen while attending or being transported to/from the church.

Signature of Participant or Parent/Legal Guardian

Date