

# PARENTAL CONSENT & LIABILITY RELEASE FORM

In consideration for being accepted by **THE GATHERING PLACE** for participation in GP programming, including but not limited to 707s, SLX summer leadership experience, Doulos Program &/or the Main Events, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child participant if said child is not 21 years of age or older do hereby release, forever discharge and agree to hold harmless **The Gathering Place** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child – participant that occur while said child is participating in the above described trip and activity. Furthermore, we (I) and on behalf of our (my) child participant if under the age 21 years hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, scheduled activities or free time activities. Further, authorization and permission is hereby given to **The Gathering Place** to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify The Gathering Place, its directors, employees and agents, for any liability sustained by The Gathering Place as the result of the negligent, willful or intentional acts of (my) child participant, including expenses incurred attendant thereto. We (I) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in The Gathering Place. I grant permission for The GP to publish photos and/or video of my child(ren), in the various forms of publications, or on the organizational websites. I understand that both the various publications and websites have a large audience and my child’s photo will be available to the general public. I further understand that The GP assumes no liability or responsibility whatsoever concerning any consequences of such use. I understand that if I give notice to The GP that I object to any particular picture on the website, it will be removed as soon as possible. We (I) further give consent for my child to participate in surveys administered by The GP for the purposes of data collection that measures program impact and understand that such information will never be shared. We (I) hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
707 Leader Name(s) if applicable

\_\_\_\_\_  
Print Mother/Legal Guardian

\_\_\_\_\_  
Print Father/Legal Guardian

\_\_\_\_\_  
Signature Mother/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Home & CELL Numbers

\_\_\_\_\_  
Father/Guardian Home and CELL Numbers

\_\_\_\_\_  
Mother/guardian EMAIL CONTACT

\_\_\_\_\_  
Father/guardian EMAIL CONTACT

\_\_\_\_\_  
Insurance Company

Health Insurance Yes \_\_\_\_\_ No \_\_\_\_\_  
Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Physician Name & Telephone Number

\_\_\_\_\_  
Other than Parent/guardian Emergency Contact (Name & Home/Cell)

\_\_\_\_\_  
Known Allergies

\_\_\_\_\_  
Medications

\_\_\_\_\_  
Parents/Guardians Address

\_\_\_\_\_  
City, State, Zip