

WAIVER AND RELEASE/ASSUMPTION OF LIABILITY FORM

**ZERO GRAVITY MINISTRIES PARENTAL WAIVER AND  
RELEASE FOR CHILDREN AND/OR YOUTH ACTIVITIES**

Authorization to Participate. This form is to allow my child, \_\_\_\_\_  
(Printed Name of Child/Youth), to participate in various activities sponsored by  
**Zero Gravity Ministries**. Please check the box of the ministry your child will attend:

- Sunday night "Gravity" (includes Jiggy Wars for opening day!)  
 After school program

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks. My signature on this form is my certification that my child is physically capable of engaging in the activity or event described above, and I hereby give my consent for my child to engage in this activity or event. Further, I acknowledge that I have had the risks of my child participating in this activity or event sufficiently explained to me, and I understand the risks posed to my child by engaging in this activity or event (or I have declined such explanation because I already understand the risks involved in the activity or event). In exchange for allowing my child to participate in this church-sponsored activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my child's participation in this activity or event.

Consent to Treatment. My signature on the attached medical form also constitutes my consent for the trip sponsors to consent to medical providers diagnosing and providing medical treatment to my child at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with the activity. A photocopy of this medical authorization shall serve as effectively as an original. I waive any claims or causes of action, including attorney's fees, I might have against **Zero Gravity Ministries** for allowing my child to participate and also against anyone who provides medical treatment to my child in reliance upon this agreement. I agree to indemnify and hold **Zero Gravity Ministries** harmless in the event they provide medical treatment or are subsequently sued for injuries to my child on this trip.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009:

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Printed/Typed Name of Parent)

SUBSCRIBED AND SWORN TO before me, by the above and foregoing  
\_\_\_\_\_ (“Parent”) on this \_\_\_\_\_ day of \_\_\_\_\_,  
2009. County of \_\_\_\_\_ in the State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
**State of New York, County of Otsego**  
My Commission expires:  
\_\_\_\_\_



<b>Emergency Contact and Medical Information for a Child</b>
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Child's Name	Date of Birth	M   F Sex
Parent's/Guardian's Name	Parent's/Guardian's Name	
(   )	(   )	(   )   (   )
Home Phone	Work/Cell Phone	Home Phone      Work/Cell Phone
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	

<b>Alternative Emergency Contacts</b>
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Primary Emergency Contact	Secondary Emergency Contact
(   )	(   )
Home Phone	Work/Cell Phone
Home Phone	Work/Cell Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

<b>Medical Information</b>
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Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian is not present in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to attend activities. I release \_\_\_\_\_ and individuals from liability in case of accident during activities related to \_\_\_\_\_, as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature **State of New York, County of Otsego**

\_\_\_\_\_  
Date

Please list any prescription or non-prescription drugs or medications that your child/teenager must take. Please be advised that any overnight trips or events taken by ZG all prescription or non-prescription drugs or medications will be held and administered by Lisa Norton (AEMT- Advanced Emergency Medical Technician) or another EMT on staff. Also be advised ZG usually but not always travels with an EMT (Emergency Medical Technician) who are also ZG Leaders, Lisa Norton and/or Ben Blackwell.

Medication	Time of day to be taken	Date/Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____