Louisville First Assembly

growing a life changing, family building church

Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and
Emergency Medical/Contact Information for Children and Youth Activities

Child/Youth Name: _____
(Last) (First) (M.I.)

Address: _____
Street City State Zip

Birthdate: _____ Home Phone: _____

Parent(s)/Custodial Adult(s) Name(s): _____

Parent(s)/Custodial Adult(s) Other Numbers:

Work phone(s): _____

Cell phone(s): _____

In case of emergency contact:

1) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

2) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

Name and phone number of primary treating physician:

_____

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

_____

_____

_____

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for Louisville First Assembly, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of Louisville First Assembly, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of LFA, I/we release LFA, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of LFA; and I/we agree to indemnify and hold forever harmless the LFA, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of LFA or resulting from traveling to or from the activities of LFA, including loss or injury resulting from negligence or gross negligence. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Permission to Travel in Vehicle with One Adult Leader Present

I/we give permission for my/our child/youth to travel in a vehicle operated and occupied by only one adult.
Circle one: (Yes) (No)

_____ _____

Parent/Custodial Adult Parent/Custodial Adult

Date: _____

Photo Permission

I/we understand that my child may be photographed while participating in the activities of Louisville First Assembly. I/we (do) or (do not) give permission for a recognizable image of my child to be posted on the LFA website or bulletin boards. I understand that a non-recognizable image, such as a group picture, may be posted.

_____ _____

Parent/Custodial Adult Parent/Custodial Adult