

PARENTAL CERTIFICATION, CONSENT AND RELEASE

(For Minor's Participation)

I, _____ am the parent or legal guardian of (*print minor's name*) _____ who was born on _____, 19 _____

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian to execute this legal instrument with binding legal effect.

As a parent or legal guardian of (*print minor's name*) _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending Victory Assembly of God, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- 1. Physical activities, both indoor & outdoors
- 2. Sports, both informal & organized
- 3. Use of recreational equipment
- 4. Activities around water, including swimming / boating
- 5. Travel by automobile
- 6. Field trips, both on & off campus
- 7. Hiking, camping and
- 8. Construction & maintenance projects

I acknowledge and understand that Victory Assembly of God may offer other activities not listed above that present similar risk or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL CERTIFICATION CONSENT AND RELEASE has the same force and effect regardless of whether or not a fee is charged for such activities.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may occur as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I acknowledge and agree that Victory Assembly of God shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death, or any other damages to my child, me, or my family, heirs, or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm, injury, or damage that may befall my child, me, or my family, heirs, or assigns while engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release Victory Assembly of God from all liability or death to my child, whether or not same resulted from the negligence of Victory Assembly of God, its agents, servants, or employees, or due to the negligence of my child, or due to the risks ordinarily incident to my child's to my child's participation in these activities, or due to the contributory negligence of my child.

I understand that it is my obligation to inform the management of Victory Assembly of God of any and all health considerations of medical conditions that would restrict my child's participation in any and all activities involving Victory Assembly of God or its programs and activities.

I have fully informed myself of the contents of the PARENTAL CERTIFICATION CONSENT AND RELEASE by reading it before I signed it.

Date: _____, 20_____ Phone #: _____

(Signature of parent or guardian)

(Print or type name)

(Please Fill Out Both Sides)

CONSENT FOR MEDICAL TREATMENT OF MINOR

I, _____ am the parent or legal guardian of (*print minor's name*)
_____ who was born on _____, 19 _____

I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I consent to the examination or treatment of my child by a physician duly licensed to practice medicine or any health care professional duly licensed to provide health care service for medical care and services deemed necessary by Victory Assembly of God, its agents, servants, and employees.

I give permission to the Physician or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to Victory Assembly of God that law requires no permission or consent from any other person.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of Victory Assembly of God of any and all health considerations that would restrict my child's participation in any and all activities involving Victory Assembly of God activities or programs.

Signature of Parent or Guardian

Print or Type Name of Parent or Guardian

Address

City

State

Zip

Dated this _____ day of _____, 20 _____.

Should the need for medical attention arise, Victory Assembly of God will attempt to contact you, as soon as practicable under circumstances.

Emergency Contact
(*If different from above*)

Print Name

Relationship to Minor

Telephone Numbers

(Please Fill Out Both Sides)