Garden City Christian Church

YOUTH/CHILDREN MINISTRIES

Insurance and Liability Waiver Form

3245 Jonesville Road, Columbus IN
Phone: (812) 372-1766

Note: Please fill out a form for each child in your family. This form is only good for one year (June 1, 2026 - May 30, 2027). If any of the information changed during the year, please fill out a new form so our information is current. Thank you!

I, the undersigned parent or legal guardian for _____ (child's name) do hereby release, forever discharge, and agree to hold blameless Garden City Christian Church and the representatives thereof of any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature which may be incurred by my child in the course of participation in an approved church- sponsored activity. Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all the necessary food, transportation, and lodging (as applicable). We authorize our child to appear in photography and/or videos that may be used by the church in media publications and promotional advertisements for events. We give permission for our child to participate in the approved church activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills and/or expenses incurred. Also, should our child have to return home before the group due to medical or disciplinary reasons, we hereby agree to assume any costs incurred for their return. My child has signed below indicating that they agree to conduct themselves in a Christian manner consistent with a church sponsored event.

Note: No child will be allowed to participate without this completed form on file. Thank you!

_____ **Child's Name**

_____ **Parent Printed Full Name**

_____ **Street Address**

_____ **City, State, Zip**

_____ **Child's Proper Conduct Signature**

_____ **Parent Permission/Release Signature**

_____ **Home Phone (Include Area Code)**

_____ **Work Phone, Cell, etc.**

_____ **Medical Doctor Name & Phone**

_____ **Insurance Provider & Policy Number**

_____ **1st Emergency Contact - Name & Phone**

_____ **2nd Emergency Contact - Name & Phone**

Please list any medical instruction, allergies, activity limitations, dietary restrictions, disabilities, or other important information below. Please include all information requested above.

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