

For Official Use:
Cash: \$ _____
Check(Amt): \$ _____
Check #: _____
Verified by _____

SEATTLE SERVE 2010
March 21-24 / \$75

In consideration of being allowed to participate in the **Seattle Serve Trip** and related events, I the undersigned, have read and agree to the following terms:

I understand and fully recognize there are dangers and hazards inherent in activities sponsored by Good Shepherd Community Church (GSCC) and any related transportation, as well as the unknown dangers and hazards which may arise in the scope of the activity or transportation to which I (my child) may be exposed as a result of my (my child's) participation, in this program. I also understand that participating in this program increases the chance of injury and/or death. By signing this, I hereby state that I am (my child) is in good physical health and (they) have no physical condition that would limit my (their) ability to participate in church activities. I will notify GSCC if I (my child) develops any medical condition that would prevent me (them) from participating. I do not hold GSCC responsible for any personal property that is lost or stolen.

Release of Liability & Medical Care

I acknowledge and I am aware that while I am (my child) is participating in this activity, I (they) have no obligation to perform or continue any physical activity that causes me (them) discomfort or pain, or is beyond the scope of my (their) ability. I, my heirs, estate, and personal representatives agree to release (as permitted by law) GSCC from liability and will hold harmless, indemnify, release and discharge GSCC, its employees, board members, agents and insurers from any and all liability claims, demands, actions, or causes of actions on account of any damage, personal injury including death that may result from my (my child's) participation in this program. This release does not apply to gross negligence on the part of GSCC, its employees, or agents. I also agree that I (my child) will be responsible to GSCC and its leaders for my (my child's) actions on this event.

I authorize GSCC and any adult leader to obtain the services of a physician and/or hospital for the care of myself (my child), if necessary, including emergency medical care, emergency x-rays, and/or emergency surgery. Should the need arise, I also authorize GSCC and its leaders to incur any necessary expenses for such services in the event of accident or illness, and I agree to provide reimbursement of payment for these expenses. I also give GSCC permission to take pictures of me (my child) for internal purposes only. Use of these pictures for internet purposes must be obtained separately.

Please fill the out bottom portion and please provide a photo copy of medical card

Student Name: _____ M F Grade: ____ Birthday: ____/____/____

Address: _____ City: _____ St: ____ Zip: _____

Name of Parent/Guardian: _____

HOME Phone: _____ CELL Phone: _____ EMERGENCY Phone: _____

Insurance Company/Group Name: _____ Grp #: _____

Policy #: _____ Dr. Name: _____ Dr. Phone: _____

Signature of Parent or Guardian: _____ Date: _____

Special Transportation Instructions

I give permission for my child to drive with an adult leader _____ (Parent/Participant Initials)

This permission form and medical release must be completed, signed, and dated in order for the student to be allowed to attend. There may be additional rules and guidelines that are attached that are specific to this event.