

Waiver and Activity Release Forms

For and in consideration as Parent/Legal Guardian of

I agree to save harmless Grace Coastal Church, Coastal Homeschool Enrichment Academy, their legal representatives and assigns, those for whom they are acting, and those acting with their permission, or their employees, in whole or in part, from and against any liability as a result of my absence which could result in injury or otherwise through negligence, accident, negative effects, implied, intentionally or otherwise that may occur while the above named student is on or in route to or from the event venue premises at Zipline Hilton Head, 33 Broad Creek Marina Way, Hilton Head Island, SC 29926.

I further make no additional claims, now or in the future, monetary or otherwise should any of the above actions occur.

I hereby warrant that I am over twenty-one years of age and competent to contract in my own name insofar as the above is concerned.

I have read and agree to the foregoing Waiver/Release of liability, before affixing my signature below and warrant that I fully understand the contents thereof.

Activities Permission Form

Being advised of the nature and extent of Grace Coastal Church Youth activities, Coastal Homeschool Enrichment Academy activities and associated organizers of events, I certify that _____ is physically and mentally capable of participating and that he / she has my permission to travel to and attend any scheduled events of the Grace Coastal Church, Coastal Homeschool Enrichment Academy, and events by associated organizers. This permission slip and medical form is in effect for one year from the date signed below.

I understand that participation in events or activities could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organizations or businesses named above from all liability, costs and damages which might arise from participation in the above-named event or activity.

(SIGNATURE) _____

Date: _____

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during regular and special activities through video, photo and digital camera, to be used for the purposes of Grace Coastal Church, Coastal Homeschool Enrichment Academy, or associated organizers and homeschool organizations' promotional material and publications, and waive any rights of compensation or ownership thereto.

(SIGNATURE) _____

Date: _____

RELEASE FORM 2018

DATE: _____ 2018 year

Grace Coastal Church / CHEA

Emergency Medical Information

Student Name: _____ Sex: M F Age: ____ Birth Date: _____

Address: _____ Phone: _____ Grade _____

City: _____ State: ____ Zip Code: _____ School: _____

Parents / Guardian Information

_____ (Mother / Guardian Name) _____ (Father / Guardian Name)

If Parents are divorced, with whom does the student live? _____

(If different then students)

Address: _____ Address: _____

City: _____ State: ____ City: _____ State: ____

Zip Code: _____ Home # _____ Zip Code: _____ Home # _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Medical Information

Insurance Company: _____ Group Policy #: _____

Name Policy is under: _____

Preferred Hospital: _____

Doctor Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

List any known Allergies: _____

List any other medical problems: _____

List 2 other persons to contact if parents cannot be reached:

Name: _____ Phone #: _____

Name: _____ Phone#: _____

In the event of illness or injury, I give permission to any licensed physician and/or surgeon called upon to proceed with any treatment or medications as they shall think the existing emergency requires for the relief of pain and to preserve the life of my child and maintain their health; including the performing of such surgical procedures required to preserve the life of my child.

(SIGNATURE) _____

Date: _____