

## Rock Church Assembly of God

**Who:** Fusion Youth Group

**What Activity:** AZAGYM Network Fine Arts

**When:** March 15-16, 2019 – Friday the 15<sup>th</sup> Meet at Rock Church at 8:30 am. Friday's activities end at 9pm.  
Saturday meet at Rock Church at 8:30am events go from 9am-3:30pm.

**Where:** Desert Springs Church 19620 S McQueen Rd, Chandler, AZ 85286

**Cost:** \$35 and each additional category they participate in is an additional \$10 per category.

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*Parents may tear off and keep the above portion. Please complete the following and return with your student.*

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

**PLEASE PRINT:**

Youth's Full Legal Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Home Address: Street: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

Youth's Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent's Main Phone: (\_\_\_\_\_) \_\_\_\_\_ Parent's Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent(s)/Custodial Adult(s) Full Legal Names: \_\_\_\_\_ -----

In case of emergency contact and parent(s) cannot be reached:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Primary Treating Physician: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Full Address: \_\_\_\_\_

Allergies (including medications youth can NOT take) as well as any special health concerns we should be aware of and any medicine youth is currently taking and will be bringing with him/her (may use if the back if necessary): \_\_\_\_\_

**Authorization to Obtain Urgent or Emergency Medical Care:** As the parent(s)/custodial adult(s) of the above listed minor, I/We give permission for Rock Church, 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.

Medical Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Participant ID # \_\_\_\_\_

**Permission to Participate/Release, Waiver of Liability, and Indemnity Agreement:** As the parent(s)/custodial adult(s) of the above listed minor, I/We do hereby release from any and all liability the Rock Church or any of its adult sponsors, pastors, or church staff in the event of any kind whatsoever of loss or injury to my/our child arising from activities on or off the premises of Rock Church of any kind whatsoever for any loss or injury to my/our youth arising from my/our youth's participation in the activities of Rock Church, and I/we agree to indemnify and hold forever harmless the Rock Church, its officers, agents, employees, staff, and volunteers from any and all liability or resulting from traveling to or from the activities of Rock Church, 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 youth's medical and insurance information as changes occur. By attending Youth Convention all participants grant AZYM and The Rock Church permission to reproduce any photography and/or video image of them for promotional usage without any obligation to them.

Finally it is with appreciation I/we express our appreciation to the church organization and adults who are giving their time to make this event possible. Therefore, I have gone over the rules and expectations with my child and they are aware if they do not follow them I will be required to come and pick them up at my own expense and they will forfeit any payments received.

**Parent/Custodial Adult Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

I agree to follow the rules and expectations of The Rock Church and Fusion Youth Group.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_