

WESTWOOD CHURCH / SALT & LIGHT
WAIVER/PERMISSION FORM
September 1, 2021 – August 31, 2022

Name of Child _____

Address _____

City _____ State _____ Zip _____ Phone _____

Birth Date: _____ School Grade: _____

List primary adults living at home address:

Adult Name: _____ Relationship: _____

Work number: _____ Cell number: _____

Adult Name: _____ Relationship: _____

Work number: _____ Cell number: _____

Legal Guardians' email _____

Name of Child's School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **Westwood Church** is a privilege. Prior to my own/child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child when participating in the activities, whether such risks are known or unknown to me at this time. I further release **Westwood Church** and its staff, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **Westwood Church** or its staff, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **Westwood Church** and its staff, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Photography

I authorize **Westwood Church** to include myself/child in pictures for promotional purposes of events he/she is participating in. I understand that my child's full name will not be published with the pictures he/she are in.

Signature of Parent or Legal Guardian Print Name of Parent or Legal Guardian Date

YOUTH MEDICAL CONSENT FORM

In the event of circumstances which indicate that my child is in need of medical care, I authorize the Westwood Church representatives to consent to any necessary X-ray examinations, medical or surgical diagnosis, treatment, medication, or hospital care in accordance with standard medical practice by licensed medical personnel. I release and agree to hold Westwood Church, its employees and volunteers, harmless from any claims due to illness or injury suffered by my child in the course of receiving such medical responsibility and consequences that may arise as a result of this treatment.

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

If you are unable to reach me, please contact:

NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

MEDICAL INFORMATION (Please print):

CHILD'S PHYSICIAN _____ TELEPHONE _____

CHILD'S ALLERGIES _____

CHILD'S MEDICATIONS (DOSAGES, FREQUENCY, ETC.) _____

LAST TETANUS BOOSTER _____

PARENT/GUARDIAN'S EMPLOYER _____

INSURANCE CARRIER _____ POLICY NUMBER _____

I grant permission to the employees and agents of Westwood Church to give my child non-prescription drugs in the event circumstances reasonably demonstrate that my child is in need of such non-prescription drugs.

I agree to the above stipulations and understandings.

Signature of Parent or Legal Guardian Print Name of Parent or Legal Guardian Date