

WENATCHEE FIRST ASSEMBLY OF GOD
PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

I give permission for my son/daughter, _____, age _____(Date of Birth: ____/____/____) to participate in _____ date _____ located in **WFA** and consent and agree to indemnify and hold harmless **WENATCHEE FIRST ASSEMBLY**, it's agents, employees or volunteers assistants from all claims that I or my child might have arising out of my child's participation in this event which is over and above that which is covered by insurance. I have explained the meaning of "indemnity and hold harmless" to my child, and the signature below indicated his/her agreement to do the same.

Parent/Guardian's Signature

Child/Youth Signature

INSURANCE

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for **WENATCHEE FIRST ASSEMBLY (WFA)** acts in a primary position when the activity is on the church premises; involves an athletic activity; or a vehicle (either church-owned or privately-owned). Consequently, I agree to submit all claims occurring on church premises first to Church Mutual, the insurance company for WFA; and all claims occurring off the premises; resulting from an athletic activity; or involving a vehicle (either church-owned or privately operated) first to the other insurance that I have and then to Church Mutual, the insurance company for WFA.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program which is over and above that which is covered by insurance.

Parents/Guardian's Signature

EMERGENCY MEDICAL CARE AND TREATMENT

I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive the right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from **WENATCHEE FIRST ASSEMBLY** to administer or supervise such treatment and to do any procedure that is deemed necessary until such time as my child can be safely transported to a doctor or hospital.

Special Medical Information:

Allergies:

DATED this _____ day of _____, 2017.

Parent/Guardian's Signature

Emergency phone number where parent/guardian may be reached: _____.