

# NEXT GEN MINISTRIES

## EVENT WAIVER

### EVENT DETAILS

Event Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

### RELEASE FORM

Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

**Emergency Medical Release:** I hereby give consent to any emergency medical treatment deemed necessary by the Highlands Community Church's appointed medical team during the above mentioned student's involvement at this event. I recognize that when my student attends this event, he/she will be exposed to the physical risks involved in activities related to this event. I absolve Highlands Community Church and any other adults connected with these activities of liability for any accident or illness which might occur at this event. I also accept responsibility for expenses incurred through such treatment. I am not aware of any physical limitations that would hinder my student from participating at this event, and my student has permission to participate.

**Transportation Release:** I hereby give consent to any emergency medical treatment deemed necessary by Highlands Community Church's appointed transportation team and any other adults connected with transporting the above mentioned student to and from this event. I absolve Highlands Community Church and any other adults connected with transportation of liability for any accident or illness which might occur.

**Publication Release:** I hereby give permission for Highlands Community Church to use any photo or video taken at this event of my family in publications. I release my right to any kind of remuneration for said photos or video.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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