

**Coast Hills Student Ministries
Consent Form**

Approval by parents or guardians

First Name of Participant

Last Name

Address

Birth Date day/month/year

Home Phone

Emergency Contact Phone

Approval

For: Cultus Lake Night Sliding

On: Friday August 11th, 2017.

I hereby give permission to the above participant to ride in a motorized vehicle being driven by a Coast Hills Youth Leader or Parent. I hereby approve and agree to all the terms, conditions and waiver claims of this CONSENT FORM and certify its correctness.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Waiver:

In condition of the benefits being derived from participation in this Coast Hills Youth trip or activity, any and all claims against Coast Hills Community Church, the group, the volunteer leaders, employees, or other representatives of any of them, or any persons working under their direction, or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss harm to/or incurred or suffered by the participant named above or to her/his property, in connection with or incidental to the Coast Hills Youth trip or activity are hereby expressly waived by the applicant and by the applicant's family and guardians.

Medical:

In the event of illness or injury occurring to my daughter/son while involved on this trip activity, I consent to the proper medical treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital medical services.
