

**Coast Hills Student Ministry
Consent Form**

Approval by Parent or Guardian

First Name of Participant	Last Name
Address	Birth Date
Home Phone	Emergency Contact Phone

Approval

For: Coast Hills Youth Week

Dates: Aug 12-16 2019

I hereby give permission to the above participant to take part in Coast Hills Youth Week events and to ride in a motorized vehicle 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: _____

Waiver:

In condition of the benefits being derived from participation in these Coast Hills Youth Week events, 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, unjoy, damage, or other loss harm to/or incurred or suffered by the participant name above or to his/her property, in connection with or incidental to the Coast Hills Youth Week events are hereby waived by the applicant and by the applicant's family and guardians.

Medical:

In the event of illness or injury occurring to my son/daughter while involved in these events, 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.
