

REAL LIFE MINISTRIES

**1866 N. Cecil Road
Post Falls, Idaho 83854
208-777-7325**

PERMISSION/RELEASE FORM

Name of Participant _____ Phone _____

Age: _____ Birthdate: ____/____/____ Grade: _____

Home Address: _____
(Street) (City) (State/Zip)

Signature of Participant: _____ Date: _____

PARENTAL CONSENT

To Whom It May Concern:

I, _____, parent/guardian of the above named participant, do hereby request that the above named minor be permitted to be involved in all activities regarding the **CDY – Ministry Event**. I agree and consent to having the ministers, staff members, volunteers, and leaders, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my youth during the entire length of the program. I further assume all responsibility for their decisions so made, and emergency care or treatment so secured by my youth in the event I cannot be reached.

Signature of Parent/Guardian: _____ Dated: _____

Name of Insurance Carrier: _____

Policy and/or Health Plan Number _____

AUTHORIZATION TO TREAT MINOR

I, the undersigned Parent/Guardian of the above named minor, do hereby authorize adult workers with the youth of Real Life Ministries, Post Falls, Idaho, as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic medical of surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis of treatment is rendered at the office of said physician or at said hospital in the event I cannot be reached.

Signature of Parent/Guardian: _____ Date: _____

WAIVER OF LIABILITY

I, the undersigned Parent/Guardian of the above named minor, do hereby fully and knowledgeably release Real Life Ministries, Post Falls, Idaho a religious corporation of the state of Idaho, its Trustees, members of the Board, and any adult leaders, whether volunteer or professional, from all liability for any accident, injury(s), or death(s) caused to the above named minor person that may grow out of any athletic, recreational, social, or any activity sponsored by or participated in by said religious corporation, and that this Waiver of Liability shall bind heirs, executors, administrators, assigns, and/or other person(s) having control over the affairs of said minor person.

Signature of Parent/Guardian: _____ Date: _____