



GLEN MEADOWS YOUTH WAIVER

Name (of person attending): \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/We (parent or guardian): \_\_\_\_\_ hereby consent for my child (named above) to participate in FALLS CREEK SUMMER YOUTH CAMP, and I certify that my child is able to participate in the activities required of this event.

If my child has medical conditions, which may be relevant to a physician in the event of any emergency, I have listed them below. In the event of an emergency occurs, I may be reached at the phone number listed below. If I cannot be reached, I hereby authorize Glen Meadows Adult Leader or Pastor to make emergency decisions for my child.

(Parent Signature) \_\_\_\_\_

I understand and hereby agree to assume all of the risks, which may be encountered on this activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Glen Meadows, and its leaders and employees, harmless from any and all liability, actions, cause of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which may arise in the future, connected with the activity or participation in any other associated activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

(Parent Signature) \_\_\_\_\_

I, furthermore, do not hold Glen Meadows, GM Youth Ministry, or any leaders responsible for the loss of any personal property via theft, accidental loss, damage, left behind, destroyed, from any youth service, trip, event, or group hang out. And do not expect any loss replacement or money to replace any items that were lost, stolen, or destroyed from any event, service, trip or group hosted by GM Youth Ministry.

(Parent Signature) \_\_\_\_\_

I, furthermore, allow Glen Meadows, it's leaders, and employees to use the information on the release and waiver form issued by Falls Creek in the event that a medical issue arises.

(Parent Signature) \_\_\_\_\_

I further state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Parent or Guardian: \_\_\_\_\_

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

Telephone number where I may be reached in an emergency: \_\_\_\_\_

Medical conditions to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies to be aware of (including food allergies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DISCIPLINARY AGREEMENT

I/We understand that, while my child participates in any regularly sponsored activities, he/she is responsible to abide by the rules set forth by the sponsoring organization, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the youth may result in dismissal from the program. In the event my child is dismissed from the program, I/We (parents) agree to assume the cost of returning my child to his/her home. I/We also agree to forfeit any possible refund. I/We understand that such action would only be taken under special circumstances and only after direct consultation with my child's pastor and parents or guardians.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seal: