



Youth Activity Waiver

5405 Ridge Drive NE
Keizer, OR 97303
(503) 393-5424

Activity: Keizer Church of Christ Sponsored Activities ("Activity")

Date: 2024-2025 School Year

(Please print the following information)

Name of youth: _____ Birthday of youth: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Company or Group: _____ Policy Number: _____

Contact numbers: Home: _____ Work: _____ Emergency: _____

(Please list medical problems, allergies and other pertinent information on the back of this form)

The undersigned does hereby give permission for the above named child to attend and participate in activities sponsored by the Keizer Church of Christ. I understand that in the event medical treatment is required for the above named child, every effort will be made to contact me. However, if I cannot be reached, I authorize an adult in whose care the minor has been entrusted to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Keizer Church of Christ.

Release of Claims

I certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, or off of, church premises.

I understand and agree that neither Keizer Church of Christ, nor its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity. I further release Keizer Church of Christ, it's elders, ministers, teachers and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless Keizer Church of Christ, it's elders, ministers, teachers and representatives from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity. I also authorize Keizer Church of Christ to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I also understand that in the event my child becomes a discipline problem, he/she may be sent home at my expense and will forfeit all moneys paid.

Signature of Parent or Guardian: _____ **Date:** _____