



## Waiver and Medical Release Grace Community Church of Lansford Van Ministry

Name of Rider: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_  
(First Name) (Last Name)  
Address \_\_\_\_\_

Parent or Legal Guardian Name (Printed): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_

**RELEASE:** I, parent or guardian, hereby give approval for my child to **RIDE THE CHURCH VAN FOR THE YEAR OF \_\_\_\_\_** and relieve Grace Community Church of Lansford, and all affiliated staff/ representatives from any and all liability for sickness, accidents or injuries while attending or being transported to/from the church. In the event of an emergency and I cannot be contacted, I give my consent to the Church representatives to authorize medical help on site or at an appropriate medical facility.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither Grace Community Church of Lansford nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any personal property lost or stolen while attending or being transported to/from the church.

\_\_\_\_\_  
Signature of Participant or Parent/Legal Guardian Date