



Expires _____, 200_____

Parental Consent and Release

For Transportation, Activities, and Medical Emergencies

Please print all answers legibly. Do not leave any blanks. If the answer is none, then write "none" in the space provided.

Student's Name _____ Age _____

Grade _____ Address _____ City _____

Zip _____ EmailAddress _____

Parent/Guardian _____

Phone-(H) _____ (W) _____

Emergency _____ Phone _____

Person(s) authorized to pick up or take custody of the child/student, other than the Parent/Guardian signing below, is/are as follows: _____

In transporting my child, New Life Fellowship should be aware of the medical condition or special needs of my child as follows: _____

To be completed by the parents or legal guardians of students under 18 years of age.

I, _____ the parent and/or legal guardian of _____, a minor, hereby
(Parent/Legal Guardian) (Student Name)
acknowledge that said minor, has my express permission to:

Be transported by church owned or non-church owned vehicles in conjunction with the ministry events of New Life Fellowship Ministries. I understand that such transportation could include, but not be limited to, taking my child from church property to the planned activity or event, returning my child to church property or any other designated location, stopping for gas, food, or drink, restroom breaks or for other reasons, as well as changes in planned routes due to unforeseen traffic conditions or emergencies. I understand and agree that New Life Fellowship shall exercise its own judgment in determining the best logistics and schedule in transporting my child. I realize that in transporting my child, there is some risk of harm that could result in injury, either minor and temporary or serious, permanent and/or disabling, or even death. I recognize and believe that New Life Fellowship will use its best reasonable efforts to avoid or minimize these risks, but understand that any number of factors (i.e., weather, driving skills of other drivers) are beyond its control. In order to help New Life Fellowship safely transport my child, I have instructed him/her to follow all instructions and supervision of the church leaders, activity sponsors, or other parents on the trip.

By signing this Consent and Release, I also agree to fully release and hold harmless New Life Fellowship, its pastors, employees, agents, borrowed servants, contractors and other workers, paid or volunteer, or their heirs and assigns, from any and all injuries, claims, liabilities or causes of action which may arise from transportation of my child/student in conjunction with his/her participation in the ministry events of New Life Fellowship.

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a youth attending New Life Fellowship, my child will participate in certain activities which carry with them a degree of risk and danger.



Examples of risky and dangerous activities include, but are not limited to:

1. physical activities, both indoors and outdoors;
2. sports, both informal and organized;
3. use of recreational equipment;
4. field trips, both on and off campus;
5. travel by automobile;
6. activities around water, including swimming and boating;
7. hiking; and
8. camping.

I acknowledge and understand that New Life Fellowship may offer other activities not listed above that present similar risks or dangers to my child.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of Texas or any health care professional duly licensed to provide health care services in the State of Texas for medical care and services deemed necessary by New Life Fellowship, its agents, servants, and employees.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of New Life Fellowship of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at New Life Fellowship

Should the need for medical attention arise, New Life Fellowship will attempt to contact you, as soon as practicable under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against New Life Fellowship on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Parent and/or Legal Guardian _____ Date _____
(Signature)