GATEWAY COMMUNITY CHURCH

2018 PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

Child's Name _____ Date of Birth _____
Father's Name _____ Mother's Name _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

Doctor's Name _____ Doctor's Phone _____

Name of Insured _____ Carrier _____
Policy Number _____ Group Number _____

Known Allergies _____

List any medication or drugs taken regularly _____

LOCAL Relative or friend to notify in case of an emergency and we cannot locate parents
Name _____ Phone _____

As the parent (or legal guardian), I the undersigned certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Gateway Community Church for the calendar year of **2018**. I fully release Gateway Community Church, its authorized representatives and staff from all liability of any kind and character upon any claim, demand or cause of action which might be asserted in our behalf against said church, representatives or staff. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgement upon an arbitration award may be entered in any court otherwise having jurisdiction.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care profession, and I give permission to the doctor or other heath-care professional the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child;s participation in an activity. I also give permission for church leader to restrict my child from participating in any activity which they have any question about for health or other reasons.

I hereby allow photographs and video of my child's participation in Gateway Community Church events to be published via print, video or website which are affiliated with Gateway Community Church. I understand that publications may be accomplished electronically via the Internet/WorldWideWeb, copying my child's photographs and video there from, and subsequently using, altering or republishing it without my consent. I waive any claim for damages against Gateway Community Church from the un-consented used, alteration, or republication of my child's photographs and video by third parties accessing the Internet/WorldWideWeb or obtaining copies of the print or video material.

A photocopy of this Authorization shall have the same effect as the original.

_____ **Date** _____

Signature of Parent/Legal Guardian

** Please attach a photocopy of your child's insurance card(s)**