

NCCF CYC

Permission and Release of Liability Form

I, the undersigned, grant _____ (clearly print child’s name) permission to participate in the New Creation Christian Fellowship (NCCF) Children and Youth Council (CYC) activity called _____ on _____ (date) at _____ (time).

Youth will depart from New Creation Christian Fellowship (8700 Fourwinds Drive, Windcrest, TX 78239) to go to _____ (location). They will be transported by van or private vehicle. The drivers are: _____.

I release and discharge New Creation Christian Fellowship and its agents and representatives from any and all claims of liability for injury or accident of any kind or nature arising out of or in the course of my child’s participation during the conference and the conference activities.

I further give permission to the CYC staff to seek and authorize medical assistance in the event of an emergency. In case of an emergency, I grant the CYC Staff permission to take my child(ren) to a qualified medical doctor, dentist, or hospital if necessary.

I the undersigned, as the parent/guardian of _____, Do also hereby consent to any and all medical treatments, which may be deemed advisable by our, or any, qualified medical representative selected by the agents of *New Creation Christian Fellowship*. The intention, hereof, is to **grant authority** to administer and to perform all necessary emergency examinations, treatments and diagnostic procedures which may now, or during the course of all the patient’s care, be deemed advisable or necessary by qualified medical personnel in cases where the parent/guardian cannot be reached immediately.

I understand that *New Creation Christian Fellowship* will make every effort to reach the parent/guardian in case of an injury to my child. **I also agree to accept responsibility for the cost of the above medical services.**

Medical Insurance Company: _____

Policy Number: _____

Emergency Contact: _____ Relation to Youth: _____

Emergency Contact Telephone Number(s): _____

Parent/Guardian’s Signature: _____

Date: _____