



**INDIAN CREEK CHRISTIAN CHURCH, INC**  
**ACCESS MINISTRY**  
**MEDICAL/LIABILITY RELEASE FORM**

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Contact number during Access event: \_\_\_\_\_

Alternate name & contact number: \_\_\_\_\_

**LIABILITY RELEASE** - As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in any and all activities, events, and programs of the Access ministry group of Indian Creek Christian Church, Inc. (ICCC) during the year of January 1, 20\_\_, through December 31, 20\_\_. As consideration for being accepted into Access ministry I, on behalf of myself and my child/ward, and the family, assigns, heirs, executors, guardians and other legal representatives of each of us, hereby acknowledge and accept the inherent risks of such participation, and hereby release ICCC (including all members, employees, volunteers, agents, and successors of ICCC) from any liability for any injuries suffered by me or by my child/ward or other family members as a result of my child/ward's voluntary participation in the Access ministry, resulting from the intentional or negligent acts and/or omissions of ICCC, or any member, employee, volunteer, agent or successor of ICCC, or resulting from the intentional or negligent acts or omissions of any other participant of the Access ministry. Further, I, on behalf of myself, my family, and my child/ward, and the assigns, heirs, executors, guardians and other legal representatives of each of us, hereby agree to not make any claim against, sue or seek to attach the property of ICCC (including any member, employee, volunteer, agent, and successor), and hereby waive, hold harmless and indemnify ICCC (and any member, employee, volunteer, agent, and/or successor) from all actions, claims or demands that I, my family, or my child/ward now or hereafter may have, for any injuries suffered by me, my family, or my child/ward as result of participating in the Access ministry, resulting from the negligent act or omissions of ICCC or any member, employee, volunteer, agent, or successor, or resulting from the negligent act or omissions of any other participant of the Access ministry of ICCC.

**PHOTO-VIDEO RELEASE** - I grant to ICCC, its representatives and employees the right to take photographs and/or video images of me and my family, and of the property of myself and my family, in connection with my participation in this ministry. I authorize ICCC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that ICCC may use such photographs and/or videos of me and/or my family, and/or our respective property with or without my name or the name of my family member, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**IN CASE OF AN EMERGENCY**, I hereby authorize the adult leader of the activity, event, and/or program, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnoses or treatment; and/or hospital care, which is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or a hospital. I ask to be contacted as soon as possible upon the occurrence of such an emergency.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT, ACKNOWLEDGING THAT I HAVE HAD FULL OPPORTUNITY TO CONSULT WITH AN ATTORNEY PRIOR TO SIGNING. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND INDIAN CREEK CHRISTIAN CHURCH, INC.,

AND I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

As the parent/legal guardian of the above named, I give my permission for him/her to participate in any and all activities, events and programs of the ACCESS ministry group of Indian Creek Christian Church, Inc. (ICCC) during the year January 20\_\_ to December 20\_\_. I understand the inherent risks that are involved in these activities and hereby release ICC; its staff, employees and volunteers from responsibility and liability for any injury or illness sustained during these activities, events, and/or programs.

**PARENTAL/GUARDIAN CONSENT:**

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission to pick up my child**

I, (we), the undersigned, have authorized the individuals below to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission to give medication**

I, (we), the undersigned, have authorized the volunteers form Indian Creek Christian Church to administer medication according to the written instructions below:

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_