



6883 Reynolds Rd., Mentor, OH | www.graceyouth.org | 440.255.7045

Youth Activity Permission Form

Teens Participating

1) _____ Allergies and/or medical concerns _____

2) _____ Allergies and/or medical concerns _____

3) _____ Allergies and/or medical concerns _____

Parent or Guardian Information and Liability Release

Name (print): _____ Cell (for emergency contact): _____

*Transportation Authorization

I hereby give my permission and assume full responsibility for my child(ren) to participate in church activities including transportation to and pickup from all activities and thereby release all workers of Grace Church of Mentor from any liabilities whatsoever.

Consent for Medical Treatment:

In the event that reasonable attempts to contact a parent or guardian have been made without success, I give my consent for the administration of treatment deemed necessary by a licensed physician or dentist and the transfer of my child(ren) to any reasonably accessible hospital. I understand that Grace Church of Mentor is not responsible for any expenses incurred because of any injury or illness.

Release of Liability:

I recognize the inherent risk of injury or disability and understand that each participant must assume the risk of physical injury that could result. I release Grace Church of Mentor and its staff, both paid and volunteer, from any liability for any injury resulting from participation in any Grace Church of Mentor activities.

Please read and sign below:

I verify that I am the parent/guardian of the above minor(s), and I understand that my signature below constitutes legal consent for transportation and medical treatment.

_____ (sign) _____ (date)