

**Light of the World Christian Church
2017 Youth Activities Waiver and Permission Agreement**

Student's Name: _____ (the Child) age _____
to participate in the Youth Night at Light of the World Christian Church on Tuesday nights along
with all other LWCC Youth Activities for the 2017 school year.

the undersigned hereby releases Light of the World Christian Church, its respective directors,
officers and employees of and from any and all claims whatsoever arising or which may arise by
reason of the Child's participation in LWCC Youth Night including any claims due to personal
injuries or illness excepting any such claim resulting from and/or arising out of the gross
negligence of Light of the World Christian Church, its respective directors, officers or employees.

Should the Child suffer injury or illness while attending Light of the World Christian Church, the
undersigned hereby authorizes any representative of Light of the World Christian Church and, in
particular, any chaperone accompanying the Child to authorize such medical attention for the
Child as may be deemed appropriate by said representative of Light of the World Christian Church
in the circumstances. The undersigned agrees to bear the costs of all medical care and
procedures required by the Child. The undersigned also agrees to maintain appropriate medical
insurance coverage for the Child while attending Youth Night at Light of the World Christian
Church.

The undersigned hereby releases Light of the World Christian Church, its respective directors,
officers and employees from any claim arising out of any medical treatment the Child may require.

The undersigned acknowledges that should the Child fail to keep and obey all rules and
regulations prescribed by Light of the World Christian Church, its respective directors, officers,
chaperones and employees, while participating in the YOUTH NIGHT or LWCC YOUTH
ACTIVITIES, Light of the World Christian Church may in its sole and absolute discretion, terminate
the Child's participation.

Light of the World will also not be responsible for any lost or stolen articles of any of the
participants of YOUTH NIGHT or any other LWCC YOUTH ACTIVITY.

PLEASE CHECK ONE BOX, DATE AND SIGN BELOW I have carefully read this

*Waiver and Permission Agreement and understand the terms and conditions of it and
agree to be bound thereby. The Child has the undersigned's permission to participate in
Youth Night and other LWCC Youth Activities.*

Printed name of Parent or Guardian _____

Signature of Parent or Guardian: _____ **Date:** _____

CELL PHONE _____ **EMERGENCY CONTACT** _____

**PLEASE LIST BELOW ANY SPECIFIC MEDICAL CONDITIONS THAT LWCC PERSONELL SHOULD
BE AWARE OF:**

