



Zero Gravity

6007 St Hwy 51
Burlington Flats, NY 13315



WAIVER AND RELEASE/ASSUMPTION OF LIABILITY FORM

ZERO GRAVITY MINISTRIES PARENTAL WAIVER AND RELEASE FOR CHILDREN AND/OR YOUTH ACTIVITIES

Authorization of Participation: This form is to allow my child(ren), _____
(Printed Name of Child(ren)/Youth(s)), to participate in various activities sponsored by **Zero Gravity Ministries.**

INITIAL the box below of the ministries your child will attend:



All Regular Sunday Night Zero Gravity Events, Local Mission Events & Special Events within 50 miles

All Paintball Events from September 30, 2012 to September 29, 2013

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks. My signature on this form is my certification that my child is physically capable of engaging in the activity or event described above, and I hereby give my consent for my child to engage in this activity or event. Further, I acknowledge that I have had the risks of my child participating in this activity or event sufficiently explained to me, and I understand the risks posed to my child by engaging in this activity or event (or I have declined such explanation because I already understand the risks involved in the activity or event). In exchange for allowing my child to participate in this church-sponsored activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my child's participation in this activity or event. **Zero Gravity Ministries is not Personally or Financially Responsible for ANY items brought to any / all Zero Gravity Events (electronic or otherwise).**

Consent to Treatment. My signature constitutes my consent for any ZG Leader to consent to medical providers diagnosing and providing medical treatment to my child at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in the approved activities or associated with these activities. A photocopy of this medical authorization shall serve as effectively as an original. I waive any claims or causes of action, including attorney's fees, I might have against **Zero Gravity Ministries** for allowing my child to participate and also against anyone who provides medical treatment to my child in reliance upon this agreement. I agree to indemnify and hold **Zero Gravity Ministries** harmless in the event they provide medical treatment or are subsequently sued for injuries to my child.

Dated this _____ day of _____, year of _____:

(Signature of Parent or Guardian)

(Printed/Typed Name of Parent)

SUBSCRIBED AND SWORN TO before me, by the above and foregoing _____ ("Parent") on this _____ day of _____, 2011. County of _____ in the State of _____.

Notary Public
State of New York, County of Otsego
My Commission expires: _____

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Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
()	()	()	()
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Please list any prescription or non-prescription drugs or medications that your child/teenager must take. Please be advised that any overnight trips or events taken by ZG all prescription or non-prescription drugs or medications will be held and administered by a designated medical person(s).

Medication	Time of day to be taken	Date/Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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I, the undersigned, do hereby grant or deny permission to **Zero Gravity Ministries** to use the image of my child(ren), _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken by the leadership of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the **Zero Gravity Ministries** facebook page.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the **Zero Gravity Ministries** setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within **Zero Gravity Ministries** or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by **Zero Gravity Ministries** for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

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I, _____ as the Parent(s)/Guardian(s) of _____ acknowledge that we will strive to adhere to the following Policies for the safety and well being of the ZG teens, leaders and volunteers as well as those they come in contact with during ministry and events.

I, _____ as a ZG attendee/teen, acknowledge that I will strive to adhere to the following Policies for the safety and well being of the ZG teens, leaders and volunteers as well as those they come in contact with during ministry and events.

Illness Policy:

- **“Regular” ZG Meetings or Local Events:** If your teen(s) is sick the day of an event or has been sick within the last 48 hours, we ask that you please keep them home. They must be “back to normal” at least 48 hours before attending.
- **Food Serving Events:** If your teen(s) is sick any time within 1 week of an event where they will be serving food (*such as* fundraising dinners & Easter breakfast), please keep them home and contact Ben or Lisa so we know why they are not present.
- **Any Off-Site Trip and/or Overnight Event:** If your teen(s) is sick *any* time within 1 week of an off-site trip and/or overnight event Ben or Lisa must be notified ahead so we may decide whether your teen should be allowed to attend. To be allowed to attend they *must* be symptom free and be feeling “normal” for a minimum of 48 hours before the event *and IF* they are on *any* type of prescribed medication for the illness, there must be a minimum time frame of 72 hour since the *start* of the medication. Even with these conditions met we, the leadership, will still retain the right to make the final decision whether it is safe to allow the teen to attend.
- **Common Sense:** As a parent and an attendee we ask that you be considerate to the other attendees and leaders who don’t want to get sick. Our events are meant to be ministry events. It effects the ministry when multiple teens or leaders are sick. Overnight or traveling events become especially difficult when the leadership is “tied up” tending to sick kids. So it is imperative that we have your cooperation in taking precautions whenever possible.

Other Rules or Considerations:

- Teens must always be within site and sound of a leader.
- At no time should a leader and teen be 1 on 1 with each other
- Teens shall at no time be allowed to display public affection
- We will expect the teens to always treat each other with respect & dignity, building each other up and encouraging each other at all times, not just ZG Events.
- Cell phones, ipods and other electronic gadgets should be off during ZG Events. We are in NO WAY responsible for *anything* brought by the teens so it would be advisable to leave home anything not absolutely needed.
- We must have signed Releases of Liability and Emergency Contact Information on each teen.

Signature of Parent(s)

Signature of ZG Teen

Date: _____

Date: _____