



Long Island Abundant Life Church
Children's Ministry

ANNUAL ACTIVITIES CONSENT AND RELEASE FORM
July 1, 2023- June 30, 2024

Student _____ Age _____ Grade _____
Address _____
Parent(s) names _____
Teacher/youth sponsor _____

My child has my permission to participate in the LONG ISLAND ABUNDANT LIFE CHURCH events for the July 1, 2023 – June 30, 2024 that are being held at 7-19 EAST MARIE STREET, HICKSVILLE NY 11801 and 24 EAST NICHOLAI STREET, HICKSVILLE NY 11801 or are held at another location but sponsored by LIALC. For ministry-sponsored events that are conducted/held off the ministry property, I authorize the staff of LIALC to transport my child, either in a ministry vehicle, or in a private vehicle driven by a ministry staff or volunteer. If there are any types of activities I do not want my child to be involved in, I have listed them below (ex.: types of sports, high-risk activities, dodgeball, running, jumping, etc).

I give permission to have my child treated in case of medical emergency. In the event of a medical emergency and I cannot be reached, I hereby authorize LIALC staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child.

I understand and hereby agree to assume all of the risks which may be encountered at the activities sponsored by LIALC that my child will be attending pursuant to this consent and release form, including transportation to and from said events. I hereby agree to release, defend, indemnify, and hold harmless LIALC and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or on account of injury to myself or my property in connection with any event anticipated by

this form. I further release any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of NEW YORK and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Parent Signature _____ Relationship to child (mom/dad) _____

MEDICAL/INSURANCE INFORMATION

Please fill in all information. Write "none" where needed.

Primary emergency contact person & phone _____

Alternative emergency contact person & phone _____

Physician's Name _____ Phone _____

Insurance company _____

Insurance policy number _____

Known allergies & type of reaction _____

Chronic illnesses _____

Long-term medications _____