

Columbus Church Of Christ Youth Event Waiver

Childs Name _____
Date of last Tetanus Booster _____
Regular Medication _____
Known Allergies _____
Attitude characteristics (ADD, ADHD, etc) _____

I give authority to the chaperone in charge to secure any necessary medical or surgical treatment if it becomes necessary due to illness or incident for my child while a member of any group sponsored by the Columbus Church of Christ and while attending youth events.

I Absolve the Columbus Church of Christ and it's agents of any and all liability for any accidents or illnesses incurred by my child while participating in youth group events. I realize that some of these events shall be physical in nature and will include an element of danger.

I absolve the Columbus Church of Christ of any financial responsibility or liability for payment of medical expenses for my child in case of illness or accident while participating in youth events.

I absolve Paul Bennett, youth minister for the Columbus Church of Christ, of any financial responsibility or liability for my child in any case of illness or accident while participating in youth group events.

_____ Signature of Parent or Guardian	_____ Date
_____ Home Address	
_____ Home Phone	_____ Cellular Phone
_____ Insurance Policy Name	_____ Policy Number
_____ Insurance Claims Address	_____ Insurance claims Phone #

Columbus Church of Christ
2401 7th Street North
Columbus Mississippi, 39705
Phone (662) 328-6084

Paul Bennett (Youth Minister)
Cell (662) 574-8518
Columbus Youth Group
Love God Love Each other