



Denver's Apostolic Witness Since 1956

5900 East Yale Avenue  
 Denver, Colorado, 80222  
 Main: 303-758-5900  
 Fax: 303-293-0051  
 www.cacdenvr.org  
 Don Haymon II, Pastor

**CALVARY APOSTOLIC ACADEMY / YOUTH ONE MINISTRY  
 CONSENT TO TRANSPORT, RELEASE OF LIABILITY, AND TREATMENT AUTHORIZATION**

|  |  |                          |  |                          |     |
|--|--|--------------------------|--|--------------------------|-----|
| FULL NAME OF PARTICIPANT FIRST, MIDDLE, LAST |  | PARTICIPANT PHONE NUMBER |  | DATE OF BIRTH MM-DD-YYYY |     |
|  |  |                          |  |                          |     |
| NAME OF PARENT(S) OR LEGAL GUARDIAN(S)       |  | PHONE NUMBER             |  | ALT. PHONE NUMBER        |     |
|  |  |                          |  |                          |     |
| ADDRESS                                      |  | CITY                     |  | STATE                    | ZIP |
|  |  |                          |  |                          |     |

**Functions, Activities, and Authorization to Transport**

By signing this Permission and Waiver Form, I understand that participating in programs, recreation, and other activities of Calvary Apostolic Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I do hereby authorize the child named above to be transported by approved members or agents of Calvary Apostolic Church.

**Release of Liability**

By signing this Permission and Waiver Form, I expressly warrant that this child named above is, or I if a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

By signing this Permission and Waiver Form, I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. Every attempt will be made to contact the child's parent or guardian for decisions about medical treatment. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**For use if the Participant is a Minor:**

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I understand that if my child behaves in a manner inconsistent with the expectations of leadership, the child may be sent home or you may be contacted and required to pick your child up at the activity location.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian: \_\_\_\_\_