

Neighborhood Church- Youth Ministry
PARENTAL CONSENT/ MEDICAL RELEASE

Parental Consent:

I _____ hereby authorize my son/daughter _____ to participate with Neighborhood Church (a ministry of Northwest Baptist Church) in their Elementary, Middle, and High school event of, Gym Night at United Gymnastix, on April 20, 2024. I voluntarily release and forever discharge Neighborhood Church from any and all liability, claims, actions, or rights of action which are in any way related to the registrant's participation in church activities. I agree to indemnify and hold Neighborhood Church harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant's participation in church activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against Neighborhood Church arising from the registrant's participation in church activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution.

Medical Release:

In case of emergency, I understand every reasonable effort will be made to contact the parents or guardians of minor registrants. However, if the parents or guardians cannot be reached within a reasonable time period under the circumstances, or if I, the below signed registrant am 18 years of age or older, I hereby give Neighborhood Church permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I release Neighborhood Church from liability in acting on my behalf in this regard and rendering such medical treatment. I agree to submit any claims or causes of action regarding the enforceability of this waiver or any claim related to the subject matter herein to the Christian Coalition/mediation organization for binding resolution.

I have read and fully understand this Release.

Parent Signature: _____

Signature required by parent/guardian for all registrants under 18 years of age.

I, the undersigned hereby warrant that I am the parent or legal guardian of the above person and have full authority to authorize the above release, which I have read, and approve.

Emergency Contact Information:

Name: _____

Phone #: _____

Parent/Guardian

Other

United Gymnastix Inc.

(12300 Owings Mills Blvd., Reisterstown, MD 21136)

Participant Permission Form

My child/ren has permission to participate at United Gymnastix Inc. I confirm this student(s) is in good health. I am also fully aware of and appreciate the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for United Gymnastix Inc. officials to call a doctor and /or the parents for treatment in the event of an emergency. I further agree not to hold any United Gymnastix official or staff member responsible for any possible illness, accident, injury, or death which may occur in training or class; nor any other damages, losses, or theft on United Gymnastix Inc.'s premises. I do here verify that I fully understand and accept the above statements and the guidelines set forth on this site.

Parent Signature: _____ Date: _____

Participant Name	Participant Birthdate