

**DOMINION CHURCH**

401 Landing Blvd  
League City, TX 77573  
281-554-3600

**LIABILITY RELEASE FORM**

Name:	DOB:	
Address:	City:	
State:	Zip:	Cell Phone:
Mother's Name:	Home Phone:	Work Phone:
Father's Name:	Home Phone:	Work Phone:
Family Doctor:	Phone:	
Preferred Hospital:	Phone:	
Medical Insurance Co.:	Policy #:	
Current Medications:		
Known Allergies:		

I, \_\_\_\_\_ (parent/guardian name) grant permission for my teen, \_\_\_\_\_, to participate in events with Vertical Student Ministries, the youth ministry group of Dominion Church of the Greater Clear Lake Area. I release from any liability and hold harmless Director of Youth Ministry, Dominion Church and its agents, South Texas Assemblies of God and the General Counsel of the Assemblies of God. I agree that my own insurance company, if any, will be the primary payer for any injury or loss incurred by my teen as a result of their participation in any event.

**This liability covers:**

- Emergency first aid, if needed.
- Over-the-counter medications provided by Dominion Church or its agents if such medications are available and would probably benefit the health or disposition of the individual.
- Consent for a hospital or doctor to provide emergency medical treatment in the event that I cannot be reached within 15 minutes. Dominion agents may authorize treatment.
- Transportation provided for events.

If there are changes to the above information than the parent/guardian is responsible to inform the leadership and provide an updated signed waiver.

*This release form is valid for January – December of the year 2009.*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**