

Resting Place Church Surge Youth Group Waiver Form

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PARTICIPANT INFORMATION

Youth Name: _____
Date of Birth: _____ Youth Phone: _____
Youth Email: _____
Parent/Guardian Name(s): _____
Parent Phone Number: _____
Parent Email address: _____
Alternate Emergency Contact Name & Phone: _____

Known Allergies/Medical Conditions: _____

FIELD TRIP INFORMATION

Trip Destination(s): 2025/2026 Activities _____
Date(s) of Trip: September 1, 2025 – August 31, 2026 _____

WAIVER OF LIABILITY AND CONSENT FORM

I, the undersigned parent/legal guardian of the above-named child, give permission for my child to attend and participate in the field trip(s) organized by Resting Place Church Youth Group. I understand that reasonable safety precautions will be taken by the adult leaders of Resting Place Church, and that the possibility of unforeseen hazards and risks still exists.

I understand and acknowledge that participation in this field trip and its associated activities involves a degree of risk, including, but not limited to, travel-related incidents, physical injuries, and exposure to natural elements. I hereby assume all risks of injury, loss, or damage that may be sustained by my child during the course of this trip.

I release and hold harmless Resting Place Church, its leaders, staff, volunteers, and affiliates from any and all liability, claims, and causes of action arising out of or in connection with the field trip, including transportation to and from the event. This release is binding upon my heirs, successors, and legal representatives.

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In the event of an emergency, I authorize adult leaders to secure medical treatment for my child if deemed necessary, including transportation to a medical facility, administration of first aid, and consent to any X-ray, examination, anesthetic, diagnosis, or treatment.

Additional Details:

Preferred Hospital _____

Physician _____

SIGNATURES

Parent/Guardian Signature: _____

Date: _____ Printed Name: _____

Parent/Guardian Signature: _____

Date: _____ Printed Name: _____

PHOTO & VIDEO CONSENT

☐ I give permission for my child to be photographed or recorded during this event, and for those images/videos to be used by Resting Place Church for promotional or informational purposes.

☐ I do NOT give permission for my child to be photographed or recorded.