



March 27, 2010  
from 9:00am-12 pm

# Service Project



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## CONSENT TO TREATMENT OF A MINOR

As Parent/Guardian of the above-named participant, I hereby authorize a duly authorized representative of Grace Community Church to secure any x-ray examination, medical or surgical diagnosis or treatment and hospital care in which the medical care is being sought and on the medical staff of any hospital; or to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment to be rendered to the participant by any licensed dentist in which dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, medical, dental, or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of Grace Community Church to give specific consent to any or all such examinations, anesthetic, diagnosis, treatment, or hospital care which the surgeon, physician, or dentist, in the exercise of his/her best judgment, may deem advisable. The Parent/Guardian hereby agrees to fully pay all costs of the medical or dental care incurred for the participant by Grace Community Church under this authorization.

## \*\*Parent/Guardian Signature

## PARENT/GUARDIAN WAIVER

In consideration of your accepting me or my child for participation in the above-named activity, I hereby, for myself, my heirs, executor, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by my child that arise out of the above-named activity sponsored by the above-named organization. I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation. For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization or damages arising out of the above-named activity, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.  
**\*\*Parent/Guardian Signature**  
**PHOTOGRAPHY WAIVER**  
Occasionally we videotape or take pictures of the children to be used in promotion of the Student Ministries Department. Please sign below giving permission to use video or pictures of your child for this reason.

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Come join us as we serve our community! We will meet at **9:00am** at the Dorsey Center on Please wear work clothes and closed toed shoes. We will return to the Dorsey Center at **noon**. No lunch will be served. There is **no cost** to this event.



1200 E. Southern Ave.  
Tempe, AZ 85282  
PH. 480.894.2201  
www.gracecommunityaz.org

### Registration Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Email: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Activity Name: FUEL Service Project  
Date: March 27, 2010

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