

Glad Tidings Assembly of God  
314 E. Army Post Rd.  
Des Moines Iowa 50315  
Ph. (515) 285-3056



## CONSENT AND INDEMNITY AGREEMENT

Parents and legal guardians of minor children are asked to complete this form and return it to the Children's Pastor. The information requested is designed to assist the church in providing for the safety of minors during the IMN KIDCON EVENT. This form must be completed and returned to the Children's Pastor prior to participating in the activity.

Child's Name _____	Date of Birth _____
Address of Child _____	
Father's Name _____	Mother's Name _____
Dad cell ph # _____	Mom cell ph# _____

<b><u>IMN KIDCON</u></b> October 1-2, 2021 Sunstream Retreat Center	<b><u>Price</u></b> \$65 due by September 15 <sup>th</sup> \$15 for T-Shirt (Optional)
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### TRANSPORTATION

You will need to provide a ride to the event and provide a ride home.  
 You will need to provide a ride to the church and pick your child up at the church following the event.  
All children will ride to and from the event in the provided transportation unless otherwise requested by the legal guardian.  
Person(s) authorized to transport child: \_\_\_\_\_

### PLEASE READ!

I (We), the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in the event/activity listed above. I certify that my child is physically fit and adequately trained to participate in the activities relating to this event, including swimming, if applicable.

Glad Tidings Assembly of God assumes no responsibility in connection therewith. It is further understood that the arrangements for the trip (including determination of the means of transportation) are being made by persons at Glad Tidings Assembly of God, solely as a matter of convenience for those desiring to participate in this event. In consideration of Glad Tidings' permitting the named person to participate in this event, the undersigned, acting for themselves, their heirs, personal representatives and assigns, do hereby release Glad Tidings Assembly of God, its pastors, officers, Board, representatives and agents, individually and collectively, from all liability, including claims and suits at law or in equity, for any injury, fatal or otherwise, or for any property loss or damage which may result from the named person's participation in said event.

The undersigned agree to indemnify Glad Tidings Assembly of God, its Board, officers, pastors, representatives and agents against all damage, expense, cost, charges and liability which may arise by reason of said person's participation in said event.

### MEDICAL INFORMATION

We understand that, in the event medical treatment is required, effort will be made to contact us. However, if we cannot be reached, we give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary including anesthesia for my child's well-being.

Allergies: \_\_\_\_\_ Medications being taken: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_ Other information: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Doctor's phone #: \_\_\_\_\_

### SIGNATURES

Mother/Father: \_\_\_\_\_ Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_