ANNUAL PARENTAL RELEASE/INSURANCE INFORMATION
Centennial Covenant Church Student Ministries
September 2025 - August 2026

Name_____Date of Birth _____

Address_____

City_____State_____Zip_____

Policy Number_____

CURRENT MEDICATIONS OR MEDICAL CONDITIONS

_____

PERSON TO CONTACT IN CASE OF EMERGENCY

Mother_____PHONE # (Daytime/Evening)_____/_____

Father_____PHONE # (Daytime/Evening)_____/_____

ALTERNATE CONTACT _____

PHONE # (Daytime/Evening_____/_____Relationship_____

Doctor's Name_____Phone # _____

As the parent or legal guardian of a participant in Centennial covenant Church programs, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/Guardian's signature_____Date_____

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with Centennial Covenant Church activities. In consideration for Centennial Covenant Church accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify Centennial Covenant Church, their employees and associated personnel, including the owners and directors of facilities utilized for the programs, against any claim by or on the behalf of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian's signature_____Date_____

As the parent or legal guardian of above named student, I hereby give my consent to publish, in print and/or electronic form (i.e. online web site), images of my child participating in CCC events.

Parent/Guardian's signature_____Date_____

Centennial Covenant Church
401 W. Mineral Ave., Littleton, CO 80120
Consent to Transport
Waiver and Release Form

Person to be transported

Name of Participant_____/_____ D.O.B. _____/_____/_____
First Last
Parent or Guardian: _____ Phone _____

Address:_____ _____ City_____ Zip_____

Name of emergency contact: _____ Phone_____

Waiver & Release:
I, the undersigned, give my consent for the person identified above to be transported by Centennial Covenant Church and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport.

I acknowledge that participation in the activity described above (transportation to and from Activity) involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to herein as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described transportation to and from the activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

By signing below:

1. I will not hold Centennial Covenant Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such travel.
2. I authorize Centennial Covenant Church to transport and to obtain emergency medical care that may become reasonably necessary for the person in the course of such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
3. I accept full responsibility and hereby grant permission for my minor child to travel with Centennial Covenant Church.

This Waiver and Release will be valid for transportation between September 2025-August 2026.

_____/_____ _____
Signature Date Print name and relationship

_____/_____ _____
Signature Date Print name and relationship