

**SJCAC Activity Waiver/Permission Form**

**\*\* This form is required for ALL Youth attending Offsite Activities. \*\***

**(If you are 18 or under, this needs to be signed by a parent or Legal guardian and submit to SJCAC Leadership.)**

I am willing for \_\_\_\_\_ to attend \_\_\_\_\_ at  
(Youth's Name) (Activity Name)

\_\_\_\_\_ on \_\_\_\_\_.  
(Activity Location) (Date)

Every precaution will be executed for the safety of each individual. I understand the full responsibility rests with the parents or the guardian or the individual attendee, and that neither the San Jose Christian Alliance Church nor the leader(s) will be held liable in case of accident in the SJCAC premise or at activity venue, and also including transportation to/from outing venue. In the event of an emergency, I authorize the leader(s) of the group as agents to consent to any medical treatment and/or hospital care that may be necessary.

\_\_\_\_\_  
(Parent/Guardian PRINT name) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

Parents' Name: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contacts Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Remarks of any special medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_