

**Greater Grace Community Church
43 Round Lake Road
Ballston Lake, NY 12019**

PARENT'S AUTHORIZATION FORM

A - For child's participation in _____
(describe event)

B - For child's transportation to and from the _____ event
(describe event)
on ____/____/____ located at _____
(date) (describe outreach, ministry or event)

**FOLLOWING TO BE FILLED OUT BY PARENT OR GUARDIAN
PLEASE PRINT CLEARLY**

I, _____, parent or guardian of _____
(name of parent / guardian) (full name of child)
(child), living at _____,
(street address) (city, state, zip code)

hereby give the Greater Grace World Outreach and any of its affiliates permission to let my above named child attend, participate in, go to and from, and be transported to and from the above mentioned outreach, ministry or event, etc., at the above mentioned location.

Child's Date of Birth ____/____/____ Age: _____ School Grade: _____
Parent's or Guardian's Phone Number: _____

In consideration for taking my child to the aforesaid location and as an inducement for personnel of the Greater Grace World Outreach (GGWO) and any of its affiliates to take my child to this location, I hereby covenant and agree to HOLD GGWO, and any of its AFFILIATES, OR ANY OF THEIR EMPLOYEES, AGENTS, DESIGNEES, VOLUNTEERS OR CHAPERONES HARMLESS FROM ANY LIABILITY FOR ANY INJURY WHICH MY CHILD MAY SUSTAIN.

I agree that my child will be taught fundamental, evangelical, Biblical Christianity and related Christian, evangelical doctrines and creed (in reference to the King James Version of the Bible or a similar version). I understand I can request a GGWO statement of faith, if I so desire. I also agree that my child may partake of any food or candy given out by the Greater Grace World Outreach or any of its affiliates considering that GGWO personnel will exercise caution in distributing food or candy. Please indicate below any special medical conditions that would prevent your child from partaking of food or drink or participating in certain activities:

As further consideration and as a further inducement to take my child to the aforesaid OUTREACH, MINISTRY, OR EVENT, I hereby agree to INDEMNIFY GGWO, and any of its AFFILIATES, or any of their employees, agents, designees, volunteers, or chaperones for any liability or damages as a result of any action or claim for damages which I or my child or anyone else may commence against them. I further authorize any physician selected to render emergency treatment to my child should it become necessary during the time my said child is attending the aforesaid outreach, ministry, or event or going to and from the aforesaid location.

I have carefully read and/or had this form explained to me.

PARENT'S OR GUARDIAN'S SIGNATURE: _____ DATE: ____/____/____
WITNESSES SIGNATURE: _____ DATE: ____/____/____
OUTREACH LEADER SIGNATURE: _____ DATE: ____/____/____

----- TEAR OFF HERE -----
KEEP THIS PORTION

Where is your teen? _____
Place / Address _____
Phone Number _____ Meet at GGCC @ _____