



Parental Consent and Waiver and Release of Liability For Volunteers Less Than 18 Years of Age

As a parent or guardian of _____, a minor child, I hereby give my permission for said child to participate in a volunteer event arranged by Apostolic Christian LifePoints, I hereby assume all risks of loss and will hold Apostolic Christian LifePoints harmless from any and all liabilities, actions, causes of action, debts, claims, demands, damages, judgements, costs, loss of services, expenses, compensation, and any and all law and equity, which I now have or which may arise against the Apostolic Christian LifePoints, connected with any activities arranged for me by Apostolic Christian LifePoints.

I hereby acknowledge the minor child will be participating in certain risks and dangers in connection with the activities involved in the volunteer event arranged by Apostolic Christian LifePoints.

The terms contained herein shall serve as a waiver of liability of Apostolic Christian LifePoints and the same assumption of risk on behalf of said minor child, said minor child's heirs, executors, administrators, successors, and assigns, for any and all known and unknown personal injuries, emotional trauma, death, and/or property damage.

I understand that Apostolic Christian LifePoints does not intend to provide any insurance coverage, either for medical expenses, disability, or permanency for losses, sickness, or injuries that may occur to said minor child while participating in the event. I am aware I am responsible for providing said minor child's insurance coverage. I am aware I am responsible for determining whether the child's present insurance coverage extends to accidents or illnesses that occur on agency volunteer projects. In the event of medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the minor child.

I have read the above and fully understand and acknowledge approval of the same.

Date: _____

Signature (Parent or Guardian): _____

Printed Name: _____

Group Association (if any): _____

Address: _____

Administrative Office
2073 Veterans Road
Morton, IL 61550
P 309.266.9781
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Timber Ridge**
2125 Veterans Road
Morton, IL 61550
P 309.291.2287

**Apostolic Christian
Oakwood Estate**
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Morton, IL 61550
P 309.263.8484

**Apostolic Christian
Linden Estate**
1000 Linden Street
Morton, IL 61550
P 309.263.8992

**Apostolic Christian
CILA Services**
107 East Jefferson
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P 309.263.2901