



Nebraska Christian Home Educators Association

## NCHEA Kids Conference & Teen Conference – Medical Permission & Release

This form is valid for the NCHEA's Kids & Teen Conferences / activities being held March 11<sup>th</sup> and 12, 2022, at Capitol City Christian Church and Indian Hill Community Church in Lincoln, Nebraska.

I give permission for each child / teen listed below to participate in the NCHEA Kids Conference and/or Teen Conference activities March 11 and 12, 2022. I hereby release the Nebraska Christian Home Educators Association, Kids Conference, Teen Conference, and its volunteers from responsibility and liability for any illness or injury the below named persons may sustain during the activity. I agree to release my child(ren) / teen(s) to any needed first aid in case of an emergency until I am contacted for further instructions. I will not hold any activity personnel responsible if efforts to contact me (us) are unsuccessful.

### Release and Indemnification Agreement

I agree that the Nebraska Christian Home Educators Association (NCHEA), a non-profit 501(c)(3) corporation, as well as, its officers, directors, employees, volunteers, agents and all other persons, entities, or organizations involved in the NCHEA Conference & Curriculum Fair (C&CF), the NCHEA's Kids and Teen Conferences / programs, including Indian Hills Community Church and Capitol City Christian Church, shall have no responsibility or liability to me for any property damage, personal injury, or death that I may suffer as a result of participating in the NCHEA C&CF or the NCHEA's Kids and Teen Conferences / programs.

I release all of the foregoing from any such claims and I further agree to indemnify and hold harmless all of the foregoing from any such claims.

I am of lawful age and legally competent to sign this Release and Indemnification Agreement. I also sign this agreement on behalf of each of my children named below and hereby release and indemnify the foregoing from any claims, which such child or children may assert. This agreement shall apply whether the claim is based upon the negligence or the vicarious liability, of the parties released and indemnified.

### Children and Teens Registered for Kids and Teen Conferences

*Please list below any allergies, current medications, physical limitations, or other conditions such as asthma, epilepsy, etc.*

Child /Teen Name	Conference Attending	Medical Information

### Parent / Guardian/ Other Contact Emergency Phone Numbers

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Other Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent / Guardian**

\_\_\_\_\_

**Date**