

## DOMINION CHURCH

6400 Calder Dr  
Dickinson, TX 77539  
281-554-3600

### LIABILITY RELEASE FORM

<b>Name:</b>	<b>DOB:</b>	
<b>Address:</b>	<b>City:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Cell Phone:</b>
<b>Mother's Name:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Father's Name:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>Family Doctor:</b>	<b>Phone:</b>	
<b>Preferred Hospital:</b>	<b>Phone:</b>	
<b>Medical Insurance Co.:</b>	<b>Policy #:</b>	
<b>Current Medications:</b>		
<b>Known Allergies:</b>		

I, \_\_\_\_\_ (parent/guardian name) grant permission for my child, \_\_\_\_\_ to participate in events with DC Youth, the youth ministry group of Dominion Church. I release from any liability and hold harmless Director of Youth Ministry, Dominion Church and its agents, South Texas Assemblies of God and the General Counsel of the Assemblies of God. I agree that my own insurance company, if any, will be the primary payer for any injury or loss incurred by my child as a result of their participation in any event.

**This liability covers:**

- Emergency first aid, if needed.
- Over-the-counter medications provided by Dominion Church or its agents if such medications are available and would probably benefit the health or disposition of the individual.
- Consent for a hospital or doctor to provide emergency medical treatment in the event that I cannot be reached within 15 minutes. Dominion agents may authorize treatment.
- Transportation provided for events.

If there are changes to the above information then the parent/guardian is responsible to inform the leadership and provide an updated signed waiver.

*This release form is valid for January – December of the year 2026.*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**