

## PARENT(S)/GUARDIAN(S) CONSENT RELEASE

To: Christ's Church, Waukee, Iowa

Participant(s) - name each household member:

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

Address: \_\_\_\_\_ Parents/Guardians: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

I/we, the undersigned parent(s)/guardian(s) of the above-named participant(s), hereby grant permission for such participant(s) to attend and/or participate in any and all Church-related or Church-sponsored camps, activities, events, classes and outings, whether held on the Church premises or elsewhere, and whether or not specifically identified and described herein, and to travel to and from any such events/activities. This consent/release shall apply to any and all such events/activities, including specifically, but not limited to \_\_\_\_\_ (**insert or attach description of specific events, if applicable**), and any and all related activities, including travel, in connection therewith.

We have been advised of the nature and extent of the activities that may take place and represent to the Church that the participant(s) is/are physically and mentally able to participate in those activities. We also understand that the activities may present the risk of serious injury, or death to the participant(s), and we have advised the participant(s) of those possibilities. We represent to the Church that we and the participant(s) assume the risk of any such injury or death, and release and agree to hold the Church, its agents, employees, and representatives harmless from any claim, suit, cost or liability for injury or death to the participant(s) in connection with (including travel to and from) the activities, and we agree to indemnify and defend such parties against any such claim, suit, cost or liability asserted for or in connection with any such injury or death to the participant(s).

We also hold the Church, its agents, employees, and representatives harmless from all liability to any other person or entity arising from or as a result of the conduct of the participant(s) in the activities and agree to defend and indemnify such parties against any claim, suit, cost or liability arising from or as a result of such conduct.

If we are not personally present at these activities in which the participant(s) is /are to participate, so as to be consulted in case of necessity, the Church and/or its agents, employees and representatives are hereby authorized on our behalf to arrange for such medical and hospital treatment as any such party deems advisable for the health and well-being of the participant(s), and we agree that the other provisions of this consent/release shall extend to any actions taken in this regard.

Parents'/Guardians' Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Participant(s) signature(s) or name(s) – we recommend including children from ages 4 years old and up:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

\_\_\_\_\_