



This application is only applicable to AWANA activities from 8-31-13 thru 4-30-14

AWANA Club Application

Clubber Name: _____ Age: _____

Date of Birth: _____ Clubber Grade: _____

Who Invited you (If Applicable): _____

Parents or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

First Contact Phone: _____ Cell Phone: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Person to contact if Parent cannot be reached:

Contact Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Special Instructions including but not limited to health needs, medical needs, educational health::

Has your child made a personal decision to follow Christ as their Savior? YES NO Don't Know

PERMISSION SLIP

Please Read and be certain you understand the implications of signing this Express Assumption of Risk Associated with Recreational Activities and Release of Liability, Waiver of Claims and Indemnity Agreement and Declaration of Fitness.

I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in all AWANA activities. I agree to direct my child to cooperate and conform to directions and instructions of church personnel responsible for the AWANA activity.

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the recreational activities including use of equipment associated therewith in which my child may engage.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity. Except those stated in the "Special Instructions" section of this application.

I HAVE READ THE ABOVE DECLARATIONS, UNDERSTAND THEM, AND I AGREE TO BE BOUND BY THEM.

In consideration for being permitted to participate in the activity(ies) described above and related activities, I hereby agree, acknowledge, and appreciate that in the event my child is accidentally injured as a result of his/her participation in any AWANA activity, including transportation to and from the activity:

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I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releases: First Baptist Church of Collinsville, it's staff, or any participating sponsors or workers.

To release the releasees, their estate, heirs, survivors, executors and successors from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.

By entering into this agreement, I am not relying in any oral or written representation or statements made by the releasees, other than what is set forth into this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforced.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all releasees, but also to release and indemnify the releasees, but also to release and indemnify the releasees from any and all liabilities incident to his/her involvement in these programs for myself my heirs, assigns, and next of kin.

I hereby authorize the leaders of the AWANA group and/or Staff at the First Baptist Church of Collinsville to act on my behalf when neither I nor the emergency contact person cannot be reached, IN CASE OF AN EMERGENCY, resulting in the need of medical attention for my son/daughter named above. I hereby give my permission to the physician selected by the AWANA activities supervisory personnel present to render medical treatment deemed necessary and appropriate by the physician.

At times during the AWANA activities our leaders take pictures of the children at work or play. The church likes to use some of these photos on the video screen during service times or on the church website. Please check in the spaces below to let us know if this is permissible.

YES NO

Parent/Guardian's Signature:

Date: