



PASEO DEL REY
CHURCH

Waiver of Liability and Parental Consent Form (for Minors)

Rev. 8.28.17

Please complete one form for each child.

I, _____ residing at _____,
(Complete name of parent or guardian) (Complete address)

_____ certify that I am the Parent /Legal
(City, State, and Zip)

Guardian of _____ a _____ year old minor.
(Minor's full name) (Age)

I hereby give my consent for the above named minor to participate in the Evangelical Free Church of Chula Vista, dba Paseo del Rey Church's Friday Night Children's Program and for the event supervisors to authorize professional medical treatment for my child in an emergency. I will not hold this corporate spiritual body liable or responsible for any injury to my child beyond the limits of any insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. I understand that I am releasing the Evangelical Free Church of Chula Vista, dba Paseo del Rey Church, the Evangelical Free Church of America, and their employees, officers, directors, volunteers and agents, all in their official and individual capacities (collectively "Church") and any related member, employee, sponsor or agent and any person officially connected with this event from any and all liability for any and all injuries which my child or I may receive.

This signed release form signifies my agreement to all of the above.

(Signature of Parent or Guardian)

(Date)

Registration

Parent(s) name _____

Child's name _____

Date of birth _____ Age _____ Grade _____

Cell phone _____ Home phone _____

Allergies _____

Diaper or potty information _____

Location of Growth Group _____

E-mail address _____