

**Hill Country Fellowship
Waiver and Release Form**

Student Name: _____ **Age:** _____

Date of Birth: _____

Phone Home: _____ **Phone Cellular:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____

EVENT: _____

Event Date: _____

In signing this form, I give permission for my child to attend the above named event. I release Hill Country Fellowship and all persons in charge from any liability in case of an accident. I understand that although there are responsible adults present at this event, I realize that circumstances can arise beyond control of any person. Therefore, I will not hold Hill Country Fellowship or any adults or chaperones responsible if any emergency situation occurs. I also give permission to have my child receive any first aid necessary or available.

Signature

Relationship to Student

Date