

Release and Waiver  
Weekday Education Program  
Mount Zion Baptist Church

Child's Name and Age: \_\_\_\_\_

(Please Print)

I represent that I am the parent or legal guardian of a minor Child ("Child"), whom I wish to have participate in the activities sponsored by or supervised by the Weekday Education Program ("Program") conducted at the Mount Zion Baptist Church ("Church").

I hereby understand that the Child's participation in the Program can result in minor physical injuries or unexpected mishaps.

I have received, read, and understand the policies, guidelines, and tuition arrangements as set forth in the Mount Zion Weekday Education Program handbook and agree to comply with them.

I hereby give authorization for the emergency medical treatment of my child. In the event that a medical emergency should occur in my absence, I authorize the staff of the Mount Zion Weekday Education Program to administer aid and seek treatment. I will assume the cost of all medical emergency treatment.

I have read the Release and Waiver and fully understand its terms and the significance of those terms.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date