

PERMISSION & LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

In order to travel with Salem First Christian Church for participation in the AWANA, we (I) _____ being 21 years of age or older, do for ourselves (myself) (and for on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Salem First Christian Church (FCC)/ Staff and directors or property owners thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Salem First Christian Church to furnish any necessary transportation and food for this participant.

The undersigned further hereby agree to hold harmless and indemnify FCC, its directors, employees, agents and property owners for any liability sustained at AWANA as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the attendant has not attained the age of 21 years)

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to **attend AWANA**, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment in the case I cannot be reached at the phone number below on this form, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation and or costs.

Parent(s)/Guardian(s)	Date	Phone #
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Parent(s)/Guardian(s)	Date	Phone #
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I _____, agree to listen to the leaders instructions and rules
(Print name of participant)
during AWANA. If I do not adhere to the instructions given I will accept the consequence of calling my parent/guardian to pick me up from the event at any given time. I will have a good attitude, be courteous, polite and loving toward others.

(Participant Signature)

STUDENT INSURANCE INFORMATION

Students Name: _____

Insurance Carrier: _____

Policy Holder's Name: _____

Relationship to Student: _____

Policy Number: _____

Students Birthday: _____ **SS#** _____

Parents Occupation: _____

Employer: _____

Employer's Address: _____

Work Phone #: _____

Home Phone #: _____

Mobile Phone #: _____

**Please enclose a copy of the front and back of your insurance card*
I hereby give my permission to the hospital/medical staff in charge to administer emergency care to my child, as they deem necessary.*

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

**This form is valid until revoked by the Parent/Guardian who signed it*
You are required to inform First Christian Church immediately of any change in the information presented on the form.*

First Christian Church / 1151 E. Sixth St. Salem, OH 44460 / 330-332-4150

I wish to be contacted per any medical emergency and release First Christian Church from making any medical decisions on behalf of my son or daughter.

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY CONTACT PHONE NUMBERS
