

PERMISSION, AUTHORIZATION, AND RELEASE

I, _____ (“Parent”), am the parent and/or lawful guardian
(Print name of parent)

of _____ (“Child”), a minor. I understand that the ETM
(Print name of child)

of Bethel Christian Reformed Church is sponsoring events during the 2018-2019 year.

As Parent, I hereby give my **Permission** for my child(ren) to participate in any 2018-2019 ETM related activities.

I hereby give **Authority** to the adult leaders of the Organization and any other employees, servants and agents of Bethel Christian Reformed Church (“Bethel Agents”) to consent, in my place and with the same authority as I have, to any medical treatment that may be required by the Child(ren) in connection with any ETM events.

In consideration of the services performed by Bethel Agents, I hereby **Release** Bethel Christian Reformed Church and all Bethel Agents from any and all liability for any damage, injury or loss arising out of actions taken in good faith in connection with any ETM activities, regardless of whether caused by the negligence of any party hereby released.

Health Insurance Company:

Policy Number:

Allergies No Yes (If yes, please indicate on the back of this sheet)

On Medication? No Yes (If yes, please indicate on the back of this sheet)

Date of last Tetanus shot: _____

Dated: _____

Signature of Parent/Guardian: _____

Phone Number (home): (____) _____ - _____

Phone Number (cell): (____) _____ - _____

Phone Number (work): (____) _____ - _____