

SOLUTIONS CHURCH, 4818 Southwick Drive, Matteson, IL 60443

CHILD PERMISSION/LIABILITY WAIVER FORM

VBS 2019—Sunday August 4th, 2019 through Wednesday August 7th, 2019

Name of Child (please print) _____ Age _____ Birth Date ____/____/____ Grade _____

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Name of Child (please print) _____ Age _____ Birth Date ____/____/____ Grade _____

Name of Child (please print) _____ Age _____ Birth Date ____/____/____ Grade _____

Parent(s) and/or legal guardian(s) of child participant _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ CELL Phone (____) _____ Email _____

I give permission for the child named above to participate in the activities of **Solutions Church**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **Solutions Church**, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and myself if I am a participant, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I give permission for my family's or child's images to be photographed, filmed, or used in video, print, and web publications.

It is my understanding that participating in programs, recreational and other activities at **Solutions Church**, is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activity described above. I expressly assume all risks of the child or me participating in the activities at **Solutions Church**, whether such risks are known or unknown to me at this time. I further release and hold harmless **Solutions Church** and its pastors, ministers, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of my participation in the activities mentioned above. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child, my family or estate, heirs, representatives, or assigns may have against **Solutions Church** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **Solutions Church** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in activities or programs, or as a result of injury or illness during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **Solutions Church** or other appropriate persons, to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

I understand that the individual named above, or I, will be involved in different events and games as a participant, and/or I will be playing as a participant.

I further understand that during this period my child/ward or I, if I am a participant, may take part in the above-mentioned activities and other activities consistent with the purposes of church.

Health Insurance Information

Insurance Company _____

Policy Number _____ Phone # _____

Medical Doctor _____ Phone # _____

Emergency Contacts

Names of persons and telephone numbers to call in case of an emergency:

Parent/Guardian or Other _____

Home Phone _____ CELL phone _____

Guardian's Agreement

I understand that if there is a problem with my son or daughter, as determined by Pastor Dodge, I will have to come and pick them up at my expense and account for any damages that may occur.

Guardian's Signature:

Date:

X _____

**MUST
BE
SIGNED**

