

Paragon Church
“The Bridge” Respite Nights & ParagonKidz
Permission to Participate/Authorization/Liability Release

Parent & Family Information

Parent’s First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred phone number: _____ Check if you receive text messages

Participants’ Information

Participant 1 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 2 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 3 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 4 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 5 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 6 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 7 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 8 First and Last Name: _____

DOB: _____ Allergies: _____

(continued)

Participant 9 First and Last Name: _____

DOB: _____ Allergies: _____

Participant 10 First and Last Name: _____

DOB: _____ Allergies: _____

Authorization For Emergency Medical Treatment

I give permission, by my signature on this document, for emergency medical treatment of Participants. I also assume complete financial responsibility for all medical expenses incurred. I also give my permission to communicate the medical information contained in this authorization and on other event registration forms to the providers of emergency medical treatment. I have legal authority to consent to emergency medical treatment for my children.

Permission to Participate

I give my permission for the Participants to engage in all activities that are available in connection with the event. I have notified event leaders about any exclusions or limitations that may restrict Participant's ability to be involved in an activity, either upon check-in for the event or via event registration forms.

Publicity Authorization

Paragon Church produces videos, including sound, and photographs of events and these are used in reports and publicity, both locally and nationally, including the Paragon Church website and social media accounts. We have not found a practical way to separate Participants. **Therefore, your signature on this document, as well as your participation in this event, or the participation of your children, constitutes your consent for the use of media by Paragon Church that may include you or your child, or both.**

Liability Release

THEREFORE, BY SIGNING BELOW "I" affirm under penalty of perjury that "I" have read this entire document and that "I" release "Paragon Church" from all liability for negligence, bodily injury, death, property damage, and economic harm that may result from participation in this event. "Paragon Church" includes Paragon Church, their affiliated organizations and entities, and employees, volunteers, agents, and representatives. "I" UNDERSTAND that activity events involve some risk of bodily injury, death, and property damage and that this release is for events that might happen in the future. I agree not to sue or make claims against "Paragon Church," and if "I" do, "I" will indemnify and hold them harmless from all costs and liability in connection with such claim. **When the word "I" is used, it includes my children and me. "I" have full authority to consent to participation in this event without the need for approval by anyone else.**

Custodial Parent's or Guardian's Signature

X _____ Date: _____

If I want this form to constitute my consent to participate, medical authorization and liability release for all "The Bridge" Respite Nights and Paragon Kidz events in which "I" participate for the current calendar year, I have signed my name here:

X _____ Date: _____