

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of the Park Community Church. I understand all events will have adult supervision. I hereby voluntarily waive any claim against the Park Community Church.

Parent/Guardian signature: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of Park Community Church.

Parent/Guardian signature: _____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's emergency phone: _____