

PARENTAL CONSENT / RELEASE FORM

Name _____ Age _____ Birth date _____ Grade _____

Address _____ Student Cell Phone (_____) _____

City _____ State _____ Zip _____ Home Church _____

School _____

Parent Information:

Name	Cell Phone (xxx)xxx-xxxx	Email	Work Phone (xxx)xxx-xxxx

Emergency Contact (other than Parents) _____ Phone (_____) _____

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in any children's/youth event sponsored by or involving Fellowship Reformed Church ("FRC"). I request permission for my child to participate in the various on and off site activities of the children's/youth program. In consideration for the agreement by FRC to permit my child's participation, I, for myself, my minor child and for the child's other parent and/or guardian(s), hereby release, waive, discharge, and covenant not to sue FRC, and its officers, directors, employees, agents, volunteers, of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's participation in any children's/youth activity including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons. I further agree to indemnify and hold harmless FRC and its employees, agents and volunteers from any loss, liability, damage or cost they may incur incident to my child's participation in any children's/youth activity.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by FRC. This Authorization shall be effective for 4 years from signed date unless earlier revoked in writing.

Hospital Insurance Yes No Insurance Company _____

Policy Number _____ Policy Holder _____

Group Number _____

Primary Care Doctor _____ Doctor Phone # (_____) _____

Allergies and Reactions: _____

Other Special Medical Problems we should be aware of: _____

Name of Participant _____

Parent/Guardian Signature _____ Date _____