YOUTH CHURCH ACTIVITY WAIVER

The undersigned parent/leg	gal guardian hereby gives permission to
Church, for my child (insert of	child's name) to take part in the
following activity	·
by the Church, in my absence	mediate or emergency medical care while engaged in an activity sponsored e, I hereby grant the Church authority to release my child for medical onnel as the Church determines appropriate under the circumstances.
In consideration for the	privilege of allowing my child to participate in the above-named
	and hold harmless the Church, its officers and agents, from any
liability to or responsibility	for bodily injury, damage or illness to the above-identified child
	outh athletic or social activity which may be directly or indirectly
	Further, I agree to indemnify and hold harmless the Church, its spect to any claim asserted by or on behalf of my child as a result
of bodily injury, illness, or a	
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Child (ren)'s Allergies:	
PLEASE READ CARE	FULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT
	S A RELEASE OF LIAIBLITY AND INDEMNIFICATION
 Date	Signature of Parent or Legal Guardian
Dute	Telephone number(s): Home: () Work: ()
	Work: ()
Emergency Contact:	Emergency Number: ()
Special instructions or medical	conditions
Special instructions of medical	conditions.
	or legal guardian has the following form of health/accident
<u>insurance covering the c</u>	niia:
Company	Member Number