

CONSENT AND RELEASE FORM

I the undersigned parent or guard		
participating insored by	Church on	. I certify tha
my child is able to participat	e in these activities inc	luding
	. If my child h	nas medical conditions which
may be relevant to a physician i	n the event of an emerger	ncy, I have listed them below
In the event an emergency occ	urs, I may be reached at	the telephone number listed
below. If I cannot be reached, I		
sor) to make emergency medica	l decisions for my child.	If there are any activities I do
not want my child to be involve		
I UNDERSTAND AND HEREB		
MAY BE ENCOUNTERED OF		
LIMINARY AND SUBSEQ		
any and all liability, actions, ca		
count of injury to my child or pr		
or which may arise in the future	in connection with the a	ctivity or participation in any
other associated activities.		
I expressly agree that this relea	se, waiver, and indemnity	y agreement is intended to be
broad and inclusive as permitted	A 1 1 1 C 1 1 1 C 1 C 1 C 1 C 1 C 1 C 1	
any portion thereof is held inva		
continue in full legal force and		
tween the parties hereto and th		
recital.		
	DESCRIPTION OF A DOCUMENT	EODECOING BELLEVE
I further state that I HAVE CA		
AND KNOW THE CONTEN		
MY OWN FREE ACT. This	is a legally binding agree	ement which I have read an
understand.		

Christian Law Association



Liability Release Forms

Parent or Guardian	Date
MEDICAL CONDITIONS TO	BE AWARE OF:
TELEPHONE NUMBER WHI	ERE I MAY BE REACHED IN AN EMERGENCY