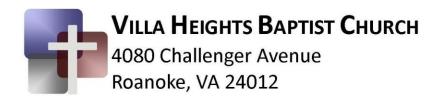


## PARENT PERMISSIONS AND RELEASE OF LIABILITIES (Please Print Legibly)

Child's Name:	Date o	f Birth:	Age:
Activity:	Date(s	Date(s):	
Address:			
City:	State:	Zip:	
Parent I Guardian: Please make sure to so that you both understand our ground entirety my youth and/or child will not All youth and/or children at this event understand the sure of the s	nd rules. I understand that wit be allowed to participate in this	thout this form s event.	n being completed in its
<ol> <li>I will be respectful of everyone in</li> <li>I will respect the property of other</li> <li>I will strive to maintain a positive</li> <li>In case of an emergency I will con</li> <li>I will participate in the activity tha</li> <li>No drugs, alcohol or tobacco of a</li> </ol>	rs at the event. attitude and keep an open mind d ntact and adult leader immediately It is planned.	luring the event	
MEDICAL REALEASE: I understand that in the event of a medical en permission to authorize medical attention as the participant or parent/guardian acknowled activity described above. Except for gross ne personal financial responsibility for any bod parent/guardian promises to hold harmless to activity.	, I, the participant or parent/guar s recommended by a licensed physical dges and accepts the risks of physical egligence on the part of the sponsor lily or personal injury sustained dur	dian, grant thos cian, if I am una cal injury associa r, the participant ring the activity.	se in charge of the event available. By signing below, ted with participation in the or parent/guardian accepts Further, the participant or
If a dispute over this agreement or any clain matter through a mutually acceptable arbitration		nt or parent/gua	rdian agrees to resolve the
Emergency Contact: Every effort will be made to contact the paren a contact that will be available during the time			
Emergency Contact:	Relations	ship:	
Home Phone:	Work Ph	ione:	
Cell or Other Phone:	Continue	ed on next page	or back



Insurance Information:	
Physician:	Physician Phone #:
Insurance Company:	Policy #:
Does the participant have any allergies or other me If yes, please list:	
child under the age of 18 described above (1) the value of the value o	y Villa Heights Baptist Church of the image, voice, or both of the minor video, photograph, or audio recording; and (2) any video, photograph, or art from the video, photograph or audio recording during this event: fundraising, advertising, publicity, or any other purpose on behalf of Villa
I warrant that I am the parent or legal guardian of the consent on behalf of such minor.	he minor described below and have the full right and authority to grant this
	amages based on the use of such minor's image or voice, or both, by Villa spect or approve the finished photograph or video or audio recording.
I understand that this consent is perpetual, that I m	nay not revoke it, and that it is binding on the minor, our heirs and assigns.
I warrant that I am at least 18 years of age and tha further attest that I have read this consent form and	t I am competent in my own name insofar as this consent is concerned. I d fully understand its contents.
Printed name of parent/legal guardian:	
Home Phone:	Cell Phone:
Signature of parent/legal guardian:	
Address of parent/legal guardian:	
City:	State: Zip:

One copy of this form will need to be completed for <u>each person</u> attending the event. Confidential information will remain confidential and will be used only in case of an emergency.