Summer Adventures
Liability and Permission Release Form
RELEASE OF ALL CLAIMS

We, the undersigned parent(s) or legal guardian(s) for _____, do hereby release, give permission for our child, and forever discharge and agree to hold harmless Little Rock Original Free Will Baptist Church, and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child of participation in **Summer Adventures on Wednesdays in July and August.**

Furthermore, we agree to assume all responsibility for all any of the previously mentioned occurrences.

We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable).

We understand that all possible care will be used to prevent any accident and assigned adults will be responsible to see that any child who gets sick or injured receives proper attention. I will be notified of any serious illness or accident. We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred. I have provided this insurance information in the event my child should need treatment by a physician/hospital.

Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

We understand that if our child is caught misbehaving in any way, that is not appropriate to the Church's beliefs and values, we the parents or guardian will be called to come pick up the child.

Child's Full Name: _____

Mailing Address: _____

Parent / Guardian's Name and Contact Number: _____

Emergency Contact:_____ Relationship: _____

Emergency Contact Numbers: (1) _____(2)_____

MEDICAL HISTORY/INSTRUCTIONS

Chronic Illnesses & Conditions (circle all that apply): Asthma Diabetes Seizures

Heart Disease ADD/ADHD Other

Allergies (list): _____ Current Medications: _____

Special Diet: _____ Last Tetanus Shot: _____

Physical Limitations: _____

IS THERE ANY REASON THIS CHILD CANNOT ENGAGE IN REGULAR SUMMER ADVENTURE ACTIVITIES? _____(PLEASE EXPLAIN ON ATTACHED SHEET)

Insurance Company Name: _____ Policy Number: _____

Policy Holder's Name: _____

IN THE CASE THAT YOU ARE NOT ABLE TO PICK UP YOUR CHILD, WHO HAS PERMISSION TO PICK UP YOUR CHILD?

IS THERE ANYONE WHO SHOULD *NOT* PICK UP YOUR CHILD?

ARE THERE ANY CUSTODY ARRANGEMENTS OF WHICH THE LEADERS SHOULD BE AWARE? (IF YES, PLEASE EXPLAIN):

Parent / Guardian's Signature: _____ Date: _____

Type or PRINT Name: _____