



JCT 56

Activities Permission and Release Form

1. My child _____ has permission to participate in the activities associated with JCT 56 small group and I release from all liability and indemnify Pine valley Foursquare Church and its directors, leaders, volunteers, agents, representatives, council, and employees from any liability, claims, judgement, cost or expense, including attorney fees arising out of damage, injury, illness, incurred or caused by my child while participating in or traveling to and from the activity, or otherwise church custody. I understand the risks of these activities, including the possibility of unforeseen hazards, serious injury, or death. I certify that my child is able to participate in the activity. This form is in place for the entire stay of time for child's participation.

2. By signing this form, my child understands that participation in any activity with this group is voluntary, and participants are expected to follow rules set forth by the adult leaders involved. If at any point, the adult leaders have a behavioral issue with any child, the child may be separated from the group and possibly asked to refrain from participation in an event. I understand to instruct my child to cooperate with the Church and its representatives in charge of the activity and understand my child may be prohibited from participating and/or sent home for any failure to follow the rules established by the church.

3. I appoint the Church representatives who are acting as leaders, or designated by such leaders, as my attorney-in-fact to act for me in my name and on my behalf in any way that I could act if I were personally present, with respect to the following matters, if any injury, illness or medical emergency occurs during the activity, related to travel or while my child is in the church's custody. I give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to an emergency, including transportation, procedures, medication, treatments, or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child. I understand the church or church representative will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency with my child.

4. I agree that the church may use my child's name, voice, picture or image for any church related purposes, including digital, print, website, videos, in combination or alone.

5. My child needs to be restricted from the following activities _____
and/or released to _____. (If left blank, no activities or persons excluded.)

Signature of Parent or Guardian #1 _____ Print Name _____

Signature of Parent or Guardian #2 _____ Print Name _____

Parent #1 phone _____ Text: Y N Parent #2 phone _____ Text: Y N

Child's name _____ Age _____ Grade _____ Date _____

Allergies _____ Medications _____ Dosage _____

Chronic Medical Conditions _____

Medical Insurance Company _____ Policy Number _____

