

FAIRVIEW THE GRACE PLACE ACTIVITY WAIVER

The undersigned parent/legal guardian hereby gives permission to Fairview The Grace Place for my child (insert child's name) _____ to take part in kids camp at Chula Vista.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by Fairview The Grace Place, in my absence, I hereby grant Fairview The Grace Place authority to release my child for medical treatment to such medical personnel as Fairview The Grace Place determines appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless Fairview The Grace Place, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by Fairview The Grace Place. Further, I agree to indemnify and hold harmless Fairview The Grace Place, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

Child's Allergies:

Child's Medications:

PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT, WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

_____ Date

Signature of Parent or Legal Guardian

Telephone number(s):

Home: (____) _____

Work: (____) _____

Emergency Contact: _____

Emergency Number: (____) _____

Special instructions or medical conditions:

Please make sure Fairview The Grace Place has a copy of said child's most recent insurance card.