

Calvary Bible Church Parental Consent and Release of Liability

Please Print and Provide All Information Requested

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.
Please return this form to your coach/coordinator before the Event.

To Be Filled Out By the Church – Please Print

Child's Name: _____

Awana Registered Church Name: _____

Church City/State _____

Coach: _____

Child's Birthdate: _____

EVENT: Awana Bible Quiz at Calvary Bible Church, February 10th, 2024

Event Location: Calvary Bible Church, 145 Hampstead Road Derry, NH

Consent to Attend Event

I hereby give permission for my Child to attend and participate in the Event.

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Calvary Bible Church, its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of New Hampshire.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication while at Event? Yes ☐ No ☐ If yes, please provide details: _____

Media Release

I understand that at this Event, my Child may be photographed and videos may be taken. With respect to photographs and video taken of my child, individually or as part of a group, I give permission for those videos and photographs to be used in any medium and for any purpose whatsoever including illustration, promotion, and advertising for future events.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

Parent Name: _____ Parent Signature: _____

Emergency Contact: _____ Phone # _____

Relation to child _____ Date _____