

PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

I hereby give permission for my son/daughter _____, to participate in the bounce house, VBS, and any activities related to Exploring the Sun and consent and agree to hold harmless Neighborhood Alliance Church, Cornerstone Community Church, Set Free, Way of the Cross, The Christian Church (hereafter known as participating churches), their agents, employees, or volunteer assistants, from all claims that I (as a parent/guardian) might have arising out of my child's participation in this event. I agree for myself and the members of the family to the following:

- 1) My child(ren) and I agree to observe and obey all posted rules and warnings, and further agree to follow all verbal instructions or directions given by participating churches, their volunteers, employees, representatives, or agents.
- 2) I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to myself and my family members, and further, release and discharge participating churches for injury, loss or damage arising out my or my family's use of or presence upon the facilities provided by participating churches, whether caused by the fault of myself, my family, participating churches, or other third parties.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I UNDERSTAND THAT BY SIGNING THIS RELEASE I MAY BE VOLUNTARILY SURRENDERING CERTAIN LEGAL RIGHTS.

Parent/Guardian Signature

EMERGENCY MEDICAL CARE AND TREATMENT

If it should become necessary for my child to receive medical treatment for any reason, I understand that I will accept full responsibility for the cost of said medical treatment. I authorize and consent to all medical treatment as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent if such emergency situation should arise. I understand that every measure will be taken to contact me as soon as possible.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health and do hereby authorize and request participating churches' personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can safely be transported to a doctor or hospital.

Dated this ____ day of August, 2017.

Parent/Guardian Signature

Parent/Guardian phone number(s): _____

Emergency Contact Name and Number: _____

Exploring the Sun

Total Solar Eclipse August 2017

Registration Form
(One per child)

Child's name: _____

Gender: M / F Age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/guardian's cell phone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____

Allergies or other medical conditions: _____

People allowed to pick up child: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____