

Please update if any information has changed.

PARENTAL CONSENT FORM

Name _____ Age _____ Birth Date _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
School _____ Grade in or just completed _____

Parent(s) Name and Contact Information:

Father: _____ Business: _____ Cell: _____
Mother: _____ Business: _____ Cell: _____

To Whom It May Concern:

The undersigned does hereby give permission for my(our) child, _____,
(Name of Child)
to attend and participate in activities sponsored by the Saturn Road Church of Christ.

I(We) authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my(our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my(our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Saturn Road Church of Christ.

Hospital Insurance Yes No

Participant Date

Insurance Company _____

Father's Signature Date

Policy Number _____

Mother's Signature Date

Emergency Phone Numbers _____

Legal Guardian Date

***On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.

Please update if any information has changed.

**SATURN ROAD CHURCH OF CHRIST
WAIVER AND INDEMNITY AGREEMENT
(Participant - Parent - Guardian)**

ACTIVITY _____ Saturn Road Church of Christ Sponsored Activities _____

Date(s) of ACTIVITY _____ Various _____

Name of Participant _____

In consideration of your accepting me or my child for participation in the above named ACTIVITY, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against SATURN ROAD CHURCH OF CHRIST and its agents, employees, representatives, successors and assigns (collectively "THE CHURCH") for any and all injuries suffered by myself or my child that might arise out of the above named ACTIVITY (except injuries resulting from acts of omissions that are intentional, willfully or wantonly negligent, or done with conscious indifference or reckless disregard for the safety of others).

I hereby warrant that I have the right to authorize the foregoing and do hereby agree to hold THE CHURCH harmless of and from any and all liability of whatever nature (with the above listed exceptions) which may arise out of or result from participation in such ACTIVITY.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against THE CHURCH for damages arising out of the above named ACTIVITY I will personally indemnify, defend and hold harmless THE CHURCH against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

SIGNATURES:

Participant _____ Date _____
(If Participant is not a minor)

Parent _____ Date _____
(If Participant is a minor)

Guardian _____ Date _____
(If Participant is a minor)