

SMAC Parental Release Form

Name of Youth: _____

Address: _____

Home Phone Number: _____

Parents/Legal Guardian Name: _____

Father's Phone Numbers: Work: _____ Cell: _____

Mother's Phone Numbers: Work: _____ Cell: _____

Medical Insurance Co: _____

Policy Number: _____

I, the undersigned, being the parent or legal guardian of the above minor child, do hereby give permission for him/her to accompany the group on the activity or activities for the calendar year of 2011, which are sponsored by Calvin Presbyterian Church:

I certify that I am cognizant of the inherent dangers associated with participating in the activity; that certain aspects of the trip do indeed entail the element of risk, including bodily injury, dismemberment or death; and that participated in the activity will take place outside of and off church premises.

I understand and agree that neither Calvin Presbyterian Church, or its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child participating in the activity, which may result in injury, harm or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the activity above, I hereby personally assume all risks in connection with my child's participation in the activity. I further release Calvin Presbyterian Church, its trustees, instructors, agents and representatives from any injury or damage which may befall my child while my child is enrolled in or participating in the activity. I also recognize that my child may be sent home at my expense at the discretion of the trip leader for health or disciplinary reasons. I further agree to save and hold harmless Calvin Presbyterian Church, its trustees, agents and representatives from any claim by me or my family estate, heirs or assigns arising out of my child's enrollment and participation in the activity.

I also authorize Calvin Presbyterian Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and are not mere recital, and that I have signed this document of my own free act and violation. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on: _____

Signature of Parent or Legal Guardian: _____

Emergency contact phone number: _____ **Name:** _____

Important medical information (include medications):