



Child's Name _____

Date _____

RELEASE OF LIABILITY

By signing this release form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the planned activities. I also expressly assume all risks of the child whether such risks are known or unknown to me at this time. I further release Cedar Hills Community Church and its Ministers, Director of Youth, Youth Group Leaders, employees, volunteers and agents from any claim that my child may have against them as a result of an injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Cedar Hills Community Church or its Ministers, Director of Youth, Youth Group Leaders, employees, volunteers and agents.

TRANSPORTATION DURING CHURCH FUNCTIONS

By signing this form, I give permission that the child named can be transported, as the activities require, by the approved staff or volunteers of Cedar Hills Community Church. Transportation to and from the church is my own responsibility.

FIRST AID & EMERGENCY MEDICAL TREATMENT

I do hereby give permission for agents of Cedar Hills Community Church to seek and secure any needed medical attention or treatment for my child including hospitalization. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

PUBLICITY

On occasion, Cedar Hills Community Church takes photographs or makes audio/visual recording of children involved in church activities. Such photographs and audio/visual recordings may be used in Cedar Hills Community Church's publications, social media and website. In addition, local news organizations may hear of our activities or events and our church may invite them to photograph or record our events for news reporting or special interest features. I consent to the use of such audio/visual recording of the child named above to be used, distributed, or displayed, as the directors of the church see fit.

HEALTH INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____

Please list any allergies or other medical/special needs your child has that Youth Leaders need to be aware of:

Parent/Guardian Signature: _____ Date: _____