

AWANA Club
Adobe Christian Church
2875 Adobe Road, Petaluma, CA 94954
707-763-2012

PERMISSION AND RELEASE FORM

I, the undersigned parent/guardian of _____ give my permission for him/her to participate in any and all activities sponsored by Adobe Christian Church. I understand all activities sponsored by the church, such as outdoor games, event practices, outings, field trips, and interactive inflatables, will be supervised by staff personnel of the church or other qualified volunteers. I understand these activities may involve transportation in church-owned vehicles, vehicles owned and operated by other individuals, or vehicles rented or leased by the church for subject activities.

I understand Adobe Christian Church provides liability insurance coverage for all church-sponsored activities. This insurance is secondary to my own insurance coverage which is agreed as being primary. In the event of injury to a non-insured participant and in the event of a claim against the insurance carrier for the church, I agree to cover the deductible rate costs required by the insurance carrier.

In the event of special situations which may arise out of disciplinary action, unauthorized roughhousing and horseplay, medical needs, dental needs, or other personally-related circumstances which require or result in special transportation, communication, handling or liability expenses, I agree to assume full financial responsibility for all such related costs.

I hereby release the church of all responsibility for damage liability or loss of personal goods and belongings.

I hereby grant permission to take photographs of my child/children and/or my family in connection with above identified activities. I grant Adobe Christian Church the right to use and publish the same, in print and/or electronically, with or without our names, for any lawful purpose, including publicity, illustration, advertising and Web content.

In case of an emergency, I hereby authorize the church representatives in charge of the activity to take the above named child/youth to a doctor or hospital for treatment, which may include X-ray examinations, anesthesia, dental, medical or surgical diagnosis. It is understood I can expect communication from the church representatives as soon as possible in such emergency situations.

As a matter of mutual convenience, it is agreed that this permission and release form extends from September, 2017 through April, 2018. It may be revoked, in writing, at any time during this time period. Where applicable, two signatures are required.

Signature _____ Date _____ Telephone Number _____

Signature _____ Date _____ Telephone Number _____

TO THE DOCTOR / DENTIST

I/we hereby authorize you to provide emergency medical treatment to our minor child/children,

I understand that the representative of Adobe Christian Church in charge of my child will contact me as immediately as is possible in an emergency.

Signature

Date

Signature

Date

Physician's Name

Phone Number

Dentists Name

Phone Number

Insurance company

Policy number

Medical Questionnaire:

- ◆ Date of last tetanus booster. _____
- ◆ Is your child presently being treated for illness or injury? _____
- ◆ Does your child have any allergies (including medications)? _____
- ◆ Does your child have a pre-existing condition or illness that would keep him/her from participating in regularly scheduled activities? _____
- ◆ List any other physical conditions about which the representatives of Adobe Christian Center should be aware to insure proper care and supervision. _____

The following persons are authorized to pick up my child at the end of AWANA:

Signature

Date

Telephone Number

Signature

Date

Telephone Number

