

PARTICIPATION FORM /PARENT PERMISSION AND RELEASE

parent/guardian: please sign this form and submit to host table upon arrival/check in

Holiday World | Santa Claus, IN | June 17, 2021

Your son/daughter is eligible to participate in a church-sponsored activity requiring transportation to a location away from the church property. If you would like your child to participate in this event, please complete, **SIGN**, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to **participation** by my child, _____ in the event described above. I understand that this event will take place away from the church grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby give my permission for **medical treatment** to be administered to my child in the event of injury or illness incurred during camp. I hereby, authorize the making of photographs, motion picture, videotapes, recordings, or other memorializing of said event and his/her participation therein, and the publication or other use thereof. I hereby, waive any right to compensation therefore or any right that he/she otherwise might have to limit or control such making or use.

In consideration of the agreement of The Glade Church to allow my child to participate in the above described outing, and intending to be legally bound hereby, I agree to indemnify and hold harmless The Glade Church their employees, agents, successors, assigns and legal representatives, against any loss from any and all claims, demands, and actions at law or equity that may hereafter at any time be brought by my child, or anyone acting on her or his behalf, for the purpose of enforcing a claim for damages because of any injury to my child or any cause of action of any kind or nature as a result of, or in any way related to his/her participation in the above mentioned outing, or his or her transit thereto.

THE UNDERSIGNED HAS FULLY READ THE ABOVE AND UNDERSTANDS

Health Insurance Company or Group _____

Policy Number _____

(Please print the following information)

Name of Participant: _____ Parent or Guardian: _____

Address: _____ City _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL ALERT/ALLERGIES:

CURRENT MEDICATIONS (use back side of this sheet for additional space):

Parent or Guardian Signature:

Date: