

Bible Quiz: Parental Consent and Release of Liability
Please Print and Provide All Information Requested

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. REVIEW IT CAREFULLY.

Return this form to your Club Director

Child's Name: _____ Child's Birthdate: _____ / _____ / _____
Please Print Month Day Year

To Be Filled Out By the Church – Please Print

Church Name: Northwest Christian Teens

Church City/State: Pinehurst, ID Coach Name: _____

Date and location of the Event the Child is attending:

Date: Feb 16, 2019 Event Location: Cheney Community Church

BIBLE QUIZ - Circle One: (T&T) BOYS (T&T) GIRLS TREK JOURNEY

I understand and agree that participation in "Bible Quiz" ("Event") is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

Consent to Attend Event

I hereby give permission for my Child to attend and participate in this Event.

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants and staff at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication while at this Event? Yes No If yes, please provide details: _____

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of the State.

Parent or Guardian Signature

Date Signed

Printed Name and Phone Number

Emergency Contact: Name and Phone Number