

Permission, Emergency & Release Form

CHILD INFORMATION:

Name: _____ Gender: _____ DOB: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Address: _____

Home Phone: (_____) _____ City: _____ Zip: _____

Cell Phone: (_____) _____ Email: _____

EMERGENCY CONTACTS (2)

Primary:

Name: _____ Phone: _____ Relationship _____

Secondary:

Name: _____ Phone: _____ Relationship _____

MEDICAL INFORMATION:

Health Issues or Allergies we should know about: _____

PARENT/GUARDIAN AUTHORIZATIONS

I, the undersigned, do hereby consent to my child's participation in the Get Real 4 Kids programs at the Otsego Seventh-day Day Adventist Church and Community Center Building. I understand that my child's participation is voluntary and that my child is free to chose not to participate in said program. I understand the volunteers of the Get Real for Kids program have been carefully screened and are concerned for the safety and well being of my child(ren). I agree, on behalf of myself, my child(ren), and next of kin, to release the Otsego Seventh-day Adventist Church, Adventist Community Services, its Pastor, and any members or volunteers assisting in or participating with the Get Real 4 Kids program, from any and all claims, demands, suits, damages, or other claims that may arise as a result of my child's participation in said program. I further affirm that I have read this statement, and will not hold the Otsego Seventh-day Adventist Church or the Adventist Community Services liable for personal injuries and/or property damage that l/my child(ren) may suffer in this voluntary kids program.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME: _____ **DATE:** _____

CONSENT TO TREAT

In the event that I cannot be reached in an emergency, I hereby give my permission for the Get Real 4 Kids staff to provide first aid and/or seek emergency medical treatment. I hereby give permission for the Get Real 4 Kids staff to, in case of such emergency, arrange necessary related transportation and professional medical attention for the child named above. I agree to be wholly and solely responsible for any and all costs related to the first aid and emergency treatment of my child, and I further agree to defend, indemnify and hold the Otsego Seventh-day Adventist Church and Adventist Community Services harmless from all claims for such costs. This completed form maybe photocopied as necessary.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME: _____ **DATE:** _____

PHOTOGRAPH RELEASE:

From time to time, photographs may be taken during the Get Real 4 Kids activities. These photographs are occasionally used in presentations, displays, or on our website. Often, when photographs are displayed or published, children are identified by name in a caption. (We will never use a child’s name with their photograph on the website.)

Please check the appropriate response and sign:

- ___ I allow my child, _____ to be photographed.
- ___ I deny permission for my child, _____ to be photographed.
- ___ I allow my child, _____ to be photographed for local use, but please do NOT use his/her image on your website.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME: _____ **DATE:** _____