

the undersigned parent	or guardian, hereby consent to my child,	participating i
	, an event sponsored by South	-
	, 201 I certify that my child is able to participa	te in these activities including
•	•	
•	•	
•	•	
n the event an emerger hereby authorize	ions which may be relevant to a physican in the event of an emery occurs, I may be reached at a telephone number list (an adult sponsor) to make emergency meany child to be involved in, I have listed them below.	ted below. If I cannot be reached
ACTIVITY, INCLUDING, ACTIVITY, AC	BY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY TIVITIES PRELIMINARY AND SUBSEQUENT THERETO. It its agents and employees, harmless from any and all liability, unt of injury to my child or property, even injury resulting in deat with the activity or the participation in any other associated activities.	I do hereby agree to hold South actions, causes of actions, claims h, which I now have or which may
ninstry of South Knollwood Ba	be expected to abide by conduct rules and dress codes that thave be ptist Church. Should occassion arise and should it become necessary expenses. This authorization is valid until revoked by me, in valid until revoke	ary for my child to return early from
Cansas in that if any portion the	waiver, and indemnity agreement is intended to be broad and inclusere of is held invalid, it is agreed that the balance shall, notwithstand re agreement between the parties hereto and the terms of this release	ling, continue in full legal force and
	REFULLY READ THE FOREGOING RELEASE AND KNOW THOUSAND THE OWN FREE ACT. This is a legally binding agreement which I have	
Parent or Guardian	Date	
MEDICAL CONDITIONS TO B	E AWARE OF:	
ILDIOAL CONDITIONS TO B	L AWAILE OF .	
ELEPHONE NUMBER WHEF	RE I MAY BE REACHED IN AN EMERGENCY:	
DO NOT WISH MY CHILD TO	PARTICIPATE IN THE FOLLOWING:	