epiclifechurch
epiclifenow.com

PARENTAL CONSENT FORM

COMPLETE ALL LINES

student's name ..... age ..... grade .....

address ..... city ..... zip .....

parent's or guardian's name(s) ..... date .....

home phone ..... work phone .....

parental consent and certification

I/We, ...
the father and mother (or legal guardian) presently having the sole care and custody of .....
a minor, on behalf of him/her and his/hers heirs, personal representatives, and assigns, for and in consideration of its agreement to accept such minor into the following program and to provide such minor with an educational experience which cannot be experienced in its facilities, hereby fully release and discharge *Epic Life Church*, its representatives, successors, and assigns, from all rights, claims, and actions of every kind which such minor may have against such released party arising out of the **Radiant Kids Kamp**, **August 12-15, 2019**.
We further release *Epic Life Church* from, and fully waive, any and all rights we may have, for any reimbursement for medical and other expenses incurred because of any injury to such a minor.

As the parent (or legal guardian), I certify that I have been informed of and authorize my child to participate in the **Radiant Kids Kamp**, **August 12-15, 2019** I understand as with most activities there is a certain degree of risk. I consent for my child to participate in these activities. I also represent that my child is physically fit and has necessary skills to safely participate in these activities.

..... PRINT NAME & RELATION

..... SIGNATURE

..... PRINT NAME & RELATION

..... SIGNATURE

medical treatment authorization and insur-

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical service he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations or other information that would prevent my child's participation in any of the activities listed above. I also give my permission for church youth leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

..... CONTRACT NUMBER

..... GROUP NUMBER

..... SIGNATURE