



in any activity which they have any question about for health or other reasons.



				KIPS
student's name	age	grade		COMPLETE
address	city	zip		ALL LINES
parent's or guardian's name(s)	date			<u> </u>
home phone	work phone			
		parental consent and cer	tification	
a minor, on behalf of him/her and and assigns, for and in conside minor into the following prograeducational experience which can by fully release and discharge Episors, and assigns, from all rights, such minor may have against adiant Kids Kamp, We further release Epic Life Chrights we may have, for any expenses incurred because of any	d his/hers heirs ration of its a am and to pronot be experience Life Church, it, claims, and acsuch released August 9-12, nurch from, and reimbursementy injury to such	personal representatives, greement to accept such wide such minor with an enced in its facilities, heres representatives, succestions of every kind which party arising out of the 2021 d fully waive, any and all t for medical and other a minor.	PRINT NAME &	RELATION
and authorize my child to partici <u>August 9-12 2021</u> I understan degree of risk. I consent for my	the parent (or legal guardian), I certify that I have been informed of authorize my child to participate in the Radiant Kids Kamp , sust 9-12 2021 I understand as with most activities there is a certain see of risk. I consent for my child to participate in these activities. I represent that my child is physically fit and has necessary skills to		RELATION	
			SIGNATURE	
	vill attempt to notify me in case of a medical emergenc reach me, then I authorize the church to hire a doctor o		medical treatm	nent authorization and i
other health-care professional, and I $_{\rm g}$ professional to provide the medical ser	ve my permission to the doctor or other health-care rice he or she may deem necessary. I will pay for any ify the church if I feel there are any health considerations	CONTRACT NUMBER		
or other information that would preven	ent my child's par		GROUP NUMBER	

SIGNATURE