

Consent and Release Form

Date: _____

Students Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Grade of your Student: _____

Parent/Parents Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Numbers: _____

Parents Email Address: _____

Students Email Address: _____

Insurance Company _____

Policy/Group # _____

Allergies or Other Health Considerations: _____

Please return this to the church office

PARENTAL AUTHORIZATION, CONSENT AND RELEASE FORM
Alexandria Covenant Church

I, _____ am the parent or legal guardian of _____ who was born on _____. I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian I certify and affirm that I have been completely and thoroughly informed that as a youth attending **Alexandria Covenant Church**, my child will participate in certain activities which carry with them a degree of risk and danger. Examples of risky and dangerous activities include, but are not limited to: 1) physical activities, both indoors and outdoors; 2) sports, both informal and organized; 3) use of recreational equipment; 4) field trips, both on and off church campus; 5) travel by automobile; 6) camping; 7) hiking; 8) activities around water, including swimming and boating. I acknowledge and understand that **Alexandria Covenant Church** may offer other activities not listed above that present similar risks or dangers to my child. I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers, from September 1st, 2010 to August 31st, 2011.

In consideration of my child being allowed to participate in these activities and to use **Alexandria Covenant Church's** equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **Alexandria Covenant Church** from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of **Alexandria Covenant Church's** equipment and facilities.

In cases of emergency, I further consent to the examination of treatment of my child by a physician duly licensed to practice medicine in the State of Minnesota or any health care professional duly licensed to provide health care services in the State of Minnesota for medical care and services deemed necessary by **Alexandria Covenant Church**, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I understand that it is my obligation to inform the management of **Alexandria Covenant Church** of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at **Alexandria Covenant Church**, should the need for medical attention arise.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against **Alexandria Covenant Church** on the basis of any claim from which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I have fully informed myself of the contents of the PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

I will notify the Evangelical Covenant Church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above.

I give permission for photos and/or videos of my child to be used in Acc publications, and promotional materials, including both print and on our Websites on line.

Yes _____ Child's name _____

Signature of parent or legal guardian

Date