

PARENTAL CONSENT & LIABILITY RELEASE FORM - 2008

HERITAGE CHURCH OF CHRIST CHILDREN'S MINISTRIES

1. Student Information *Please print.*

STUDENT NAME <i>(Please use a separate form for each student)</i>		BIRTH DATE
ADDRESS		HOME PHONE
CITY	STATE	ZIP CODE
SPECIAL CONSIDERATIONS, ALLERGIES AND/OR MEDICATIONS (INCLUDE FREQUENCY AND DOSAGE)		

2. Parent/Guardian Information *Please print.*

FATHER / GUARDIAN NAME	CELL PHONE	WORK PHONE
MOTHER / GUARDIAN NAME	CELL PHONE	WORK PHONE
EMERGENCY CONTACT	RELATIONSHIP TO STUDENT	PHONE

3. Consent, Release, & Assumption of Risk

As the parent(s) or legal guardian(s) of the above named student, we, (I) the undersigned do hereby consent for our (my) child to participate fully in the activities of the Heritage Church of Christ Children's Ministry during the **2008** calendar year.

Furthermore, we (I) the undersigned do hereby release, forever discharge, and agree to hold harmless the Heritage Church of Christ, its staff, volunteers, and agents (hereafter collectively referred to as "HCC") from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned that occur while above named student is participating in the events and activities of its Children's Ministry. We (I) also hereby agree to hold harmless and indemnify HCC for any liability sustained by HCC as the result or negligent, willful, or intentional acts of above named student, including expenses incurred attendant thereto.

Furthermore, we (I) the undersigned do hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in activities involved in the events and activities of the HCC Children's Ministry. We (I) authorize HCC, in whose care the above named student has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the student under the general or specific supervision and on the advice of a licensed physician or dentist. We (I) shall be liable and hereby agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the student pursuant to this authorization.

4. Insurance & Physician's Information *Please print*

INSURANCE COMPANY
POLICY NUMBER
PHYSICIAN'S NAME
PHYSICIAN'S PHONE

5. Parent / Guardian Signatures

FATHER / LEGAL GUARDIAN	DATE
MOTHER / LEGAL GUARDIAN	DATE

6. Student Signature

I understand that I am responsible to abide by the rules and directions of adult leaders and I agree to do so at all times or I may be sent home.	
STUDENT	DATE