

## RELEASE, PERMISSION AND COVENANT TO INDEMNIFY AND HOLD HARMLESS

MEDICAL RELEASE: I hereby aut	horize the treatment of Student/Child/Participa.	by a
qualified and licensed physician in t physician, needs immediate attention undue discomfort if delayed, while sa	Student/Child/Participal the event of a medical emergency which, in the operation or may endanger his/her life, cause disfigurement, aid youth is participating in a church program inclum or trip. This authority is granted only after a reason	pinion of the attending physical impairment or ading but not limited to
The following lists all pertinent medica	ation, history, allergies:	
	e that the church insurance is secondary and begins It is only valid when other insurance has been extend	
Insurance Company/Policy #		
PERSONAL BELONGINGS RELE The Church) is not responsible for personal person	EASE: I agree that Community Covenant Church (h sonal belongingsInitial	ereinafter referred to as
	event of repeated misconduct, as determined in the end my student home at my (parent/guardian's) exper	
permission is granted to have pictures	In the event that photographs are taken of any of s posted on The Church's website, www.rocklincov.nts. If the activities also include a description, permis	org, which may or may
programs, events, or trips (hereafter c	c, child or ward of the undersigned desires to participal collectively referred to as "activity") operated or spot continuing from the date of signing of this instrument	onsored by The Church
The Church, it's officers, trustees, embe indemnified and held harmless from	all may incur personal injury or damage while participally ployees, agents and any parties volunteering on behan all actions, claims, costs, expenses or damages of any the in which the student/child participates.	alf of The Church, shal
The undersigned confirms that this is a	a full and complete release of The Church as provided	l herein.
I,	, being the legal parent/guardian of	
Participants parent/legal guard Give my permission for him/her to par	dian Participate in any activity of the The Church as mentione	<i>unt's name</i> ed above.
Emergency Contact:	Phone (cell):	
Datade	Signatura	