

## Authorization of Emergency Care

I hereby authorize the KFC staff to care for my child/children in case of an emergency. Should my child require medical attention, I give permission for emergency medical care to be administered by the nearest emergency medical facility. I will not hold Crossroads Community Church or KFC staff liable for any injuries sustained to my child while at KFC.

By registering for KFC, you are giving permission to be included in photographs or video used by Crossroads for promotional or programming purposes. No names will be used.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_