

WAIVER/RELEASE

Child(ren)

I understand that my child(ren) is/are participating in a sport under normal playing conditions and that injury(ies) may occur.

I will ensure my child(ren) is/are properly equipped to play and *I will hold Phillips Temple Church and the Phillips Temple volunteer servants harmless in the event of accident or injury to me or my child(ren) and their insurance is excess.*

In the event my child(ren) requires emergency medical treatment and attempts to contact me have failed, Phillips Temple lead servants are authorized to act for me in accordance with their best judgment.

_____ (Initials) - I hereby agree with the rules and guidelines cited by Phillips Temple Church for me to participate in the VBS Activities / Classes

Parent/Guardian Name Please Print			
Parent/Guardian Name Signature		Date	



PHILLIPS TEMPLE
CHURCH

3620 Shiloh Springs Road
Phone (937) 837-9631
Toll Free (855) 854-4890
Fax (937) 854-4890

Mailing Address:

PO Box 26489
Trotwood, Ohio 45426-0489

Website: www.phillipstemple.org
Email: info@phillipstemple.org

WAIVER/RELEASE

Adult

I understand that I am participating in any activities under normal conditions.

I ensure that I am healthy and properly equipped to be at Phillips Temple Church and that *I will hold Phillips Temple volunteer servants harmless in the event of an accident or injury to me and Phillips Temple insurance is excess.*

In the event I require emergency medical treatment and attempt to contact my emergency or alternate names have failed, Phillips Temple lead servants are authorized to act for me in accordance with their best judgement.

_____ (Initials) - I hereby agree with the rules and guidelines sited by Phillips Temple Church for me to participate in the VBS Activities / Classes

Adult Name			
Adult Signature		Date	



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WAIVER/RELEASE

Name				
Signature			Date	



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