



PERMISSION AND MEDICAL RELEASE FORM

I hereby consent to participation by my child(ren), listed below, in this event. In consideration of my child(ren) being allowed to participate in this event, I agree to indemnify and hold harmless Westside Christian Church including negligence, arising from or relating to my child(ren)'s participation in this event. This indemnification and hold-harmless agreement does not apply to claims of intentional misconduct or gross negligence.

I (we) the undersigned parent(s) do hereby authorize adult volunteers of Westside Christian Church as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

As a parent or legal guardian, you remain fully responsible for the actions and conduct of your child, including any legal responsibility which may result.

_____	_____	_____
Child #1 - Name	Date of Birth	Allergies / Medical Concerns
_____	_____	_____
Child #2 - Name	Date of Birth	Allergies / Medical Concerns
_____	_____	_____
Child #3 - Name	Date of Birth	Allergies / Medical Concerns
_____	_____	_____
Child #4 - Name	Date of Birth	Allergies / Medical Concerns

Parent/Legal Guardian (print)_____

Parent/Legal Guardian (sign)_____ Date Signed_____

I hereby ___ GRANT ___ DO NOT GRANT (please initial one) permission for Westside Christian Church to use pictures of my child(ren) on their website for informational or promotional purposes.