

**Child's Name:** \_\_\_\_\_ **Parent(s)' Names:** \_\_\_\_\_

Parent(s)' Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent(s)' Emergency Contact Phone Numbers: \_\_\_\_\_

**2026-2027 PARENTAL CONSENT AND LIABILITY RELEASE**

The undersigned do hereby give permission for our (my) child, \_\_\_\_\_, to attend and participate in activities sponsored by Venice Free Methodist Church ("VFMC"), including all Awana activities for the years 2026-2027. We (I) authorize an adult, in whose care the minor 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 minor under the general or special supervision, and on the advice, of any physician or dentist licensed under the provisions of the Medical Practice Act, or other similar law, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I) shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to our child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, we (I) shall assume all transportation costs. We (I) do also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by VFMC, including the Awana program.

Medical Insurance: ☐ Yes ☐ No

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Primary Care Physician's Name \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Alternate Contact and Emergency Phone Number: \_\_\_\_\_

In consideration for being accepted by VFMC for participation in Awana activities in 2026-2027, we (I), being 21 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child-participant do hereby release, forever discharge and agree to hold harmless VFMC and its directors, employees, and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the child-participant and that occur while the child is participating in Awana activities or trips.

Furthermore, we (I), and on behalf of our (my) child-participant, hereby assume all risk of personal injury, sickness, death, damage and expense of participation in recreation and other activities involved in the VFMC Awana program, activities, or trips. Further, we (I) hereby authorize and give permission to said church to furnish any necessary and appropriate food and lodging for me or our (my) child-participant. We (I) further agree to hold harmless and indemnify VFMC, its directors, employees, and agents, for any liability sustained by them as the result of the negligent, willful, or intentional acts of the undersigned or the child-participant, including expenses incurred in connection with any such liability.

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Legal Guardian Date