Orchard Hill Reformed Church Permission Waiver Form

| Student Name: | | | |
|---|--|--|--|
| Address: | | | |
| Parent's Phone: | | | |
| Parent{s) or Guardian{s}: | | | |
| Age of child: Birth o | late: | Grade: | |
| Release of Liability: | | | |
| of the planned activities. I also expressly a release Orchard Hill Reformed Church and against them as a result of an injury or illn (without limitation) any claims of negliger | ssume all risks of th lits minister, leader ess incurred during ce or breach of war | d named above is capable of withstanding both the physical child whether such risks are known or unknown to me are, employees, volunteers, and agents from any claim that is the course of participation in the activities. This release of cranty. This release of liability is also intended to cover all cossigns may have against Orchard Hill Reformed Church or it | t this time. I further my child may have liability shall include claims that members of |
| Transportation during Church Functions: | | | |
| By signing this form, I give permission that Orchard Hill Reformed Church. Transporta | | an be transported, as the activities require, by the approve e church is my own responsibility. | d staff or volunteers of |
| First Aid & Emergency Medical Treatmen | t: | | |
| child including hospitalization. I give perm | ission for attending | ed Church to seek and secure any needed medical attentic physician(s) and other medical personnel to administer ar es and costs arising from this action to obtain medical treat | ny needed medical |
| Publicity: | | | |
| photographs and audio/visual recording n platforms. In addition, local news organiza | nay be used in Orcha ations may hear of o pecial interest featu | ns or makes audio/visual recording of children involved in card Hill Reformed Church's publications, website, and variour activities or events, and our church may invite or allow res. I consent to the use of such audio/visual recording of furch see fit. | ous social media them to photograph or |
| ACKNOWLEDGEMENT and SIGNATUI | RE | | |
| UNDERSTAND THE TERMS OF THIS AGREEMENT waiving certain legal rights that my child or I ma This Consent, Authoria | and I ACKNOWLEDGE y have. ation and Ack | n myself and my heirs, executors, administrators, successors and a THAT by signing this agreement voluntarily, I am agreeing to abide knowledgment shall be effective from and and including December 31, 2023. | by its terms and I am |
| Signature of Parent or Guardian | Date | Signature of Participant | Date |
| (if Participant is under 18 years o | | | |
| Printed Name of Parent | Date | Printed Name of Participant | Date |