RELEASE FORM

EVENT NAME_____

Student(s) Name_____

Parent/Guardian(s) Name_____

Email _____

Home Phone_____ **Cell**_____

Grade_____ **Gender**_____ **Adult T-shirt Size**_____

I, the parent/guardian, give permission for the above student to attend, and do by affixing my name below, hereby release The Church At South Lake , and their staff, chaperones, and transporters (whether staff or volunteer drivers) from any and all liabilities for bodily injury or damage either physical, mental, or moral resulting directly or indirectly from any means or cause and affecting the above named person in any way while participating in the event listed above.

If my child needs medical attention for an emergency, you have my permission to obtain necessary medical care and transport him/her for treatment to a hospital or doctor's office without any liability to the Church or Church's personnel, transporters (whether staff or volunteer drivers) or attending medical personnel. I, the parent/guardian, will bear all the expense of any emergency medical treatmet.

Parent/Guardian Signature_____**Date**_____