

Grace Fellowship Church Waiver Form

Event: Skyzone Trip

Date: Saturday, July 29, 2017

Child/Children's Name/s:	Birthdates:

Parents/Guardians	Home Phone #	Cell Phone # or Other

Home Address/Addresses:

I, being a parent or legal guardian of the child/children named above, approve of participation by my child/children listed above in the Event named above sponsored by Grace Fellowship Church of Unionville (the "Church"). My child/children may need to be transported to and from the Event. If I do not transport my child/children then the child/children may be transported in a private automobile by an employee or individual volunteer of the Church. In case of an emergency, after every reasonable effort has been made to contact me, I hereby give my permission to the Church, its adult employees or adult volunteers then in attendance to authorize emergency medical treatment for the child/children named above based on advice of medical personnel. I hereby release Grace Fellowship Church of Unionville, its Board, officers, employees and volunteers from any claims or liability arising from any accident or injury to my child/children occurring during or as a result of my child/children's participation in the Event.

#1 Signature: _____ **Date:** _____

Relationship: _____

#2 Signature: _____ **Date:** _____

Relationship: _____