**Grace Fellowship Church Waiver Form**

**Event:\_\_\_Digital Scavenger Hunt\_\_\_\_\_\_\_\_**

# Date: \_\_08-26-2015\_\_\_\_\_\_\_

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| --- | --- |
| **Child/Children’s Name/s:** | **Birthdates:** |
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| --- | --- | --- |
| **Parents/Guardians** | **Home Phone #** | **Cell Phone # or Other** |
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| --- |
| **Home Address/Addresses:** |
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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.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**