

Permission/Liability/Medical Release Form

Parents and guardians, please complete, sign, and return this form to the contact person listed below by this date: _____. See contact information below.

Event: _____

Date of Event: _____

Name of Parent/Guardian: _____

Name of Participating Student: _____

Parent/Guardian phone numbers in case of emergency _____

Dwell Volunteer Contact Person and contact info:

I give permission for my son/daughter, listed above, to participate in _____.

Adult chaperones are volunteers from Dwell Community Church.

I understand that in spite of the best and focused efforts of these volunteer adult chaperones to provide a safe and healthy environment for my child, circumstances may arise leading to unintentional injury or losses on the part of our child. I release Dwell Community Church and their agents from all claims and expenses arising out of, or resulting from, my child's participation during this event. **I give permission for any medical personnel to render necessary emergency medical care for my child if I can't be reached or if my child needs immediate medical attention.**

Signature of parent or guardian

Date

Printed name of parent or guardian