

# RCC LIGHT ZONE 2009

## LIABILITY RELEASE FORM (child's name) \_\_\_\_\_

*The following liability release is for all Redeemer Covenant Church Light Zone Activities for the year of 2009. We will not be requiring a new form for each activity, therefore if any medical conditions or emergency contact numbers change please inform Children's Ministries (Office: 988-3124).*

We, the undersigned parent(s) or legal guardian(s) for \_\_\_\_\_, do hereby release, forever discharge and agree to hold harmless REDEEMER COVENANT CHURCH and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in REDEEMER COVENANT CHURCH'S LIGHT ZONE ACTIVITIES FOR THE YEAR OF 2009.

Furthermore, we agree to assume all responsibilities for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable). We give our permission for our child to participate in the LIGHT ZONE CHURCH ACTIVITIES for the year of 2009 and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred. Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

### TRANSPORTATION RELEASE

We, the parents of \_\_\_\_\_, do hereby give consent for our son/daughter to be transported in a designated vehicle of REDEEMER COVENANT CHURCH'S Light Zone Ministry for Church Activities.

### MEDICAL RELEASE

Child's full name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian name \_\_\_\_\_

Parent or Guardian work phone \_\_\_\_\_

Parent or Guardian cell phone \_\_\_\_\_

Parent or Guardian Email \_\_\_\_\_

*In case of emergency and the custodial parent cannot be reached, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Physicians name and number \_\_\_\_\_

Insurance company and policy number \_\_\_\_\_

Known allergies, physician limitations, or medications \_\_\_\_\_

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*By signing this liability form, you are authorizing participation and medical and liability release for your child for any or all activities they may participate in during the course of our yearly schedule.*

Parent's or Legal Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_