 **Parental Release Form**

An adult must fill out this form. Please check each section to confirm compliance.

**Name**

**What children's church program(s) will your child be attending? \***

 Awana (Wednesdays)

 Children's Church (Sundays)

 Both Awana and Children's church

**What is the parental role of person filling out this form? \***

 Mother

 Father

 Guardian

**Address \***

Zip

State

City

**Phone number \***

Mobile

**Email\***

**CHILD'S INFORMATION**

**List child's name this form is granting permissions for:**

Enter first and last name of child

**Any Allergies or Medical Issues we need to be aware of? \***

**Will your child be carrying an epi-pen? \***

**Parental Personal Information for second parent or guardian**

 Mother  Father

Guardian

**PRINT FULL NAME**

**Mailing Address if not the same as above?**

**Phone**

**Email\***

 **Emergency Contact**

When a parent or guardian cannot be reached

**Name**

**Phone**

 **I give the following people permission to pick up my child when I am unable to:**

**Name / Relationship to Child**

**Phone**

**Transportation**

I give permission for my child to be transported in a vehicle

 Yes  No

**Photo Release**

I give permission for photos to be taken of my child participating in activities

 Yes  No

 **Liability Release and Consent for Treatment**

In the unlikely event that my child is injured while participating in activities at MapleRidge Church (MRC) AWANA and/or Children's Ministry or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child. In consideration for MapleRidge Church AWANA and/or Children's Ministry granting my child permission to participate in AWANA and/or Children's Ministry activities, I hereby release MapleRidge Church, its employees and volunteers from liability or injuries occurring in MRC activities. In case of emergency, I hereby authorize MapleRidge Church AWANA and/or Children's Ministry to contact emergency personnel and release pertinent personal information so that my child may receive treatment.

 **Agreement / Guardian Must Sign**

By applying my electronic signature to this agreement, I agree that my electronic signature is the legally binding equivalent of my handwritten signature on paper. I will not, at any future time, claim that my electronic signature email address I have provided. To view the PDF document, I understand that I will need software that enables me to receive and access PDF files such as Adobe Reader software or other software capable of reading a PDF file. ln order to print and retain a hard copy of this agreement, I understand that I will also need a printer connected to my computer. I understand that if I wish to sign a hard copy of this agreement instead of an electronic version, l must contact the party that requires my signature on this agreement directly' A parent or legal guardian must sign this agreement on behalf of any minor participant under the age of 18. By electronically signing this agreement, I represent that I have the authority to sign and enter into this agreement on behalf of the minor(s) listed above.

**Signature: PRINT NAME BELOW to sign release. Date**