



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 the person filling out this form? *

- ☐ Mother
☐ Father
☐ Guardian

Address *

City

State

Zip

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 children when I am unable to:

Name / Relationship to Child

Phone

Is there someone NOT authorized to pick up your children from MapleRidge church events? *

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. In 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, I 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