



Event Form
Release of Liability

Activity/Date: Better Together Marriage Conference, Date Night // Sept 10, 2016 from 5:00-10:00PM
** There will be a late fee of \$1 per minute after 10:00PM

Table with 3 columns: Child(ren)'s Name, Age, Food allergies/Medical conditions. Includes horizontal lines for data entry.

I, the lawful parent or guardian of the child(ren) listed above, give permission for my child(ren) to participate in the activity mentioned on this sheet and release from all liability and indemnify the International Church of the Foursquare Gospel d/b/a Anchor Church and its directors, officers, council, agents, representatives, volunteers, and employees ("Church") from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any damage, injury or illness incurred or caused by my child(ren) while participating in or traveling to or from the activity, or otherwise in Church custody. I understand this risk in these activities, including the possibility of unforeseen hazards, serious injury or death. I certify my child(ren) is able to participate in the activity.

I agree to instruct my child(ren) to cooperate with the Church and its representatives in charge of the activity and understand my child(ren) may be prohibited from participating and/or sent home for any failure to follow the rules established by the Church.

I appoint Church representatives who are acting as leaders, or designated by such leaders, as my attorney in fact to act for me in my name and my behalf, in any way that I could act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity, related travel or while my child is in Church custody.

To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency transportation, medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our medical attorney-in-fact shall deem necessary or appropriate for the best interest of the child(ren).

I understand the Church will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child(ren).

My child(ren) is to be excluded from the following activities and/or from release to the following persons (IF LEFT BLANK, NO ACTIVITIES OR PERSONS ARE EXCLUDED.)

I agree that the Church may use my child(ren)'s and/or my own name, voice, portrait, photograph or image for promotional, website, office or any other church related purposes. These may be used in any broadcast, telecast, digital or print medium, including video images, photographs, pictures or renderings, audio recording, or other likenesses, in combination or alone.

I will notify the Church immediately of any change in the information presented and agree it is valid until revoked in writing by me. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Parent/Guardian Signature Date

Parent/guardian name (PRINT) Emergency Number

Parent/guardian name (PRINT) Emergency Number

Family Doctor Number

Medical Insurance Carrier Policy Number

Preferred hospital