



CONSENT AND RELEASE FORM Child or Student

I, the undersigned parent or guardian, hereby consent to my son/daughter, _____, to participate in the _____ to be held at _____ located at _____, an event sponsored by Revolution Church located at 125 Union Hill Trail Canton, GA 30115 on _____ thru _____. I certify that my son/daughter is able to participate in these activities including:

- Yes No _____ I hereby give my permission for my son/daughter to
Parents Initials _____.
- Yes No _____ I hereby give permission for my son/daughter to participate
Parents Initials in _____.
- Yes No _____ I hereby give my permission for my son/daughter to
Parents Initials _____.
- Yes No _____ My son/daughter has been taught and knows how to swim.
Parents Initials _____.

If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event of an emergency or illness, I give permission to the activity leader, or a designate of _____ to handle any necessary medical treatment that my son/daughter may need while participating in an activity of _____. I understand that I will be notified in the case of a medical emergency involving my son/daughter. In the event that I cannot be reached, I give permission for the calling of medical assistance or providing necessary medical care, (including treatment at the nearest hospital, if needed) in the event my son/daughter becomes injured or is ill. Further, I understand that neither Revolution Church, and those working with the Revolution Church will be responsible for the medical expenses incurred, but that such expenses will be the responsibility of the parent/guardian. If there are any additional activities I do not want my child to be involved in, I have indicated them in writing below

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Revolution Church and its agents, volunteers and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my son/daughter or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of Georgia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

I do not wish my son/daughter to participate in the following activities: _____

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Emergency Contact Information	
Name of Parent or Guardian: _____ (Father) _____ (Mother)	
Home #: _____	Work #: _____ Cellular #: _____
Alternate Contact Name: _____ Telephone #: _____	
Student Information	
Student Full Name: _____	
Date of Birth: _____ Tetanus Shot in last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade for 2013 - 2014 School Year: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is student covered by medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes provide information below)	
Policy Holder Name: _____	Policy Number: _____
Insurance Company Name: _____	

Date Signed