



Dwelling Place Church Parent/Guardian Consent & Medical Release Form

Name of Participant _____

Date of Birth _____

Address _____

City _____ Zip _____ State _____

Name of Parent/Guardian _____

PERMISSION

I, _____ (parent/guardian) hereby give permission
for _____ (hereinafter referred to as "the child") to travel
with Dwelling Place Church to _____ (destination) during the
following dates _____.

I hereby give my child permission to participate in all activities, including indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities. I understand the aforementioned activities and events involve risk of bodily harm, injury, and/or emotional trauma. I also understand that my child will be at risk of being exposed to potentially deadly communicable diseases and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. I am aware of the risks and damages inherent with these activities and on behalf of myself and my child I knowingly and willingly assume the risk of injury and/or illness.

- I do hereby release, absolve, indemnify, hold harmless, and forever discharge Dwelling Place Church, and directors/officers, staff and volunteer leaders thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as all property damage and expenses of any nature whatsoever which may be incurred by the participant.
- I give my permission to all leaders to seek all necessary and needed medical and/or dental treatment, including but not limited to, emergency surgery, medical treatment or hospitalization, and I assume the responsibility for all medical bills, if any.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to the child, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting the child to and from the activities.

- I agree to provide pertinent and necessary medical information for my child who is a participant on this trip.
- I give my consent for my child's image/photograph or work to be released into the public domain and understand that no monetary compensation will be given for the use of the materials.

Signature of Parent/Guardian

Date

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____

Policy # _____

Family Physician _____

Phone # _____

List any allergies and medical conditions that leaders need to be aware of:

List any prescription drugs the child will be taking while on the trip; state frequency and dosage for each.
Drug(s):

EMERGENCY NOTIFICATION

Parent/Guardian _____

Phone _____

Relationship _____