

Permission Form Parental Consent and Release of Liability

I give permission for my son/daughter _____ (____), _____ (____), _____ (____), to participate in Olympic Bible Fellowship (OBF)/Awana activities from **September 18, 2011 to May 20, 2012** including transportation to and from events and activities. Olympic Bible Fellowship/Awana adults have my permission to transport my child. I understand that participation in events is a privilege to which my minor child name above is not otherwise entitled. In consideration of that privilege, I am signing this Parental Consent and Release of Liability. I understand that at these events or related activities, my Child may be photographed. I agree to allow my Child's photo, video or film likeness to be used for any legitimate purpose by OBF, producers, sponsors, organizers and assigns. I consent and agree to indemnify and hold harmless **OLYMPIC BIBLE FELLOWSHIP**, its agents, employees or volunteer assistants and Awana from all claims that I or it might have arising out of my child's participation in any Olympic Bible Fellowship activities. **I have explained the meaning of "hold harmless" to my child, and the signature below indicates his/her agreement to do the same.** As his/her parent and/or guardian, I will assume responsibility for financial reimbursement in the event my child is involved in damaging property during his/her time with **Olympic Bible Fellowship**.

Parents Name (please print)

Child's Signature

Date

Parents Signature

Date

Child's Signature

Date

Child's Signature

Date

Swimming may be involved in some events; how well can your child swim? _____
Please list any other information we should know about your child _____

EMERGENCY MEDICAL CARE AND TREATMENT

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for **OLYMPIC BIBLE FELLOWSHIP** acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company (companies) and then to the insurance company for **OLYMPIC BIBLE FELLOWSHIP**.

I also accept full responsibility for the cost of medical treatment for any injury suffered or illness treated while taking part in the program which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover, **I understand** that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request **OLYMPIC BIBLE FELLOWSHIP** personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Family physician _____ Phone _____ Dentist _____ Phone _____

Insurance Co. _____ Policy # _____

Special Medical Information including ALLERGIES: _____

In case of emergency, contact: _____ Relationship _____

Emergency Phone (____) _____ Emergency Cell Phone (if applicable) (____) _____

Mother's Cell Phone (____) _____ Father's Cell Phone (____) _____

DATED this _____ day of _____, 20____

Parent's or Guardian's Signature

Witness (adult over 21 yrs. and no relation)

Student Name _____ Grade _____ Age _____ Birth date _____

Student Name _____ Grade _____ Age _____ Birth date _____

Student Name _____ Grade _____ Age _____ Birth date _____

Address _____ City _____ Zip code _____

Home Phone # _____ Email _____