



Youth Participant - Parental Consent and Release of Liability Please Print and Provide All Information Requested.

Name of Participant _____ Participant's Date of Birth _____

Church Name: _____ Team Name: _____

Event Location St. Charles, Illinois Dates Participant Will Attend Event _____

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

I understand and agree that participation in Summit ("Event") is a privilege to which my minor child named above ("Participant") is not otherwise entitled. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

Consent to Attend Event

I hereby give permission for Participant to attend and participate in the Event.

Release of Liability

Prior to Participant's involvement in the Event activities, I acknowledge that involvement of Participant in the Event may involve risk of property damage and of personal injury, illness or even death of Participant, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Event activities of which I may not be presently aware.

By signing this Parental Consent and Release of Liability, I warrant that Participant is fully capable of safely participating in all Event activities, and I expressly assume all risks of Participant's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") and its directors, officers, employees, volunteers, and agents, and other Participants at the Event, from any and all claims that I or Participant may have against any of them as a result of property damage or personal injury, illness or death of Participant as a result of participation in Event activities, whether on or off Event grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Participant, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Participant.

Consent to Medical Treatment

If Participant experiences an injury or illness, or has other medical needs, I authorize the Event's employees, volunteers, and agents to make such arrangements for Participant's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel is appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release ACI and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Other Releases and Acknowledgements

I understand that, while Participant is participating in Event activities, photographs, film, audio recordings and videotape of Participant may be taken for use in brochures, videos, releases to the press, and various ACI publications and other work product. I do hereby irrevocably grant ACI permission to record, display and/or reproduce my child's name, likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known. The practice of ACI is to use only the first name of the child when identification is made. Occasionally, the church name the child attends will be used as well.

I understand that ACI does not provide for transportation needs related to the event and that it is the responsibility of either me, as the parent or guardian, or of the Participants chaperone(s) to either provide or arrange for transportation of Participant.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

Medical Information

Medical Insurance Co. _____ Policy Number _____
(Please attach a copy, front and back, of your insurance card)

Address _____

Phone (_____) _____ - _____ Insured's Name _____

Doctor's Name _____ Phone (_____) _____ - _____

Date of last tetanus _____ Date of last physical _____

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication* while at Event? Yes No If yes, please provide details: _____

*All medications are to be in original containers with prescription attached and given to a Team leader.

A Team leader has our (my) permission to provide Participant with non-prescription medicines as deemed necessary. Yes No Please list any over-the-counter medicines that should not be given to Participant.

Does Participant have any physical condition or limitations that would restrict participation in any Event activities?

Yes No If yes, please provide details: _____

I represent and warrant that I am a parent or legal guardian of the Participant named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Participant. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

Each legally responsible parent/guardian is required to sign below.

1st Parent or Guardian signature

2nd Parent or Guardian signature

Name Printed

Name Printed

Date Signed

Date Signed

Daytime Phone

Daytime Phone

Evening Phone

Other Phone

Witness (Notary Public preferred)
(must be age 21 or older and not a relative)

Date

(Notary Seal)