

West Valley Youth Event

A ministry of West Valley Church

Mall Manhunt

What: A fun scavenger hunt meets where's waldo! Teams search the mall for disguised adult leaders and items, collecting points along the way. We will meet back at the Kennewick church for a slide show, pizza, and awards after the hunt.

Where: Columbia Center in Kennewick, WA

When: Depart West Valley Church at 9:00am and return to WVC at 4:00pm

Cost: \$5

Contact: Dan Manning, 408.318.2908 or dan@wvcnaz.com

West Valley Church of the Nazarene
Parental Consent & Liability Release form

Event: Mall Manhunt

Date: 2/8/2020

Name of Minor(s) & Date(s) of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent(s)/Guardian(s): _____

Phone: _____ Alternate Phone: _____

Email: _____

Emergency contacts and others authorized to pick up my child other than parents or guardians:

1. Name: _____ Phone: _____ Relationship _____

2. Name: _____ Phone: _____ Relationship _____

Permission and Release: I/We give permission for the above named minor to participate in activities with the West Valley Church during the listed time frame. I/We understand that the activities which my child may participate in may pose a risk to their personal health and safety. I/We agree to hold harmless West Valley Church or its representatives in the event of injury or damage that may be incurred to the child or his/her property during such events.

Medical Release: In the event the above-named minor suffers illness, accident, or injury, and neither parents nor guardians can be contacted, I/We give permission for a representative of the West Valley Church to authorize emergency treatment as is deemed necessary by a licensed physician and assume responsibility for any medical bills incurred.

Transportation Permission: I/We give permission for my child(ren) to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by West Valley Church.

I/We understand that should the above-named minor have to return home before the group for medical or disciplinary reasons, we will assume any costs incurred.

Please specify for each minor:

Known Diseases or Conditions: Asthma Diabetes Heart Seizures

Other _____ Allergies _____

Medication(s) _____

Medical Insurance Co. _____

Policy # _____ Group # _____

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Photo Permission

There is a chance your child may be photographed while participating in our events.

I/We give permission for photos of my/our child to be posted on your website, social media, or any other promotional events West Valley Church might have in the future?

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date