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

Event: Summer Science Camp Dates: August 6-8, 2019

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.

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