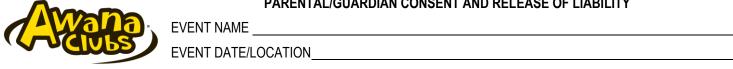
PARENTAL/GUARDIAN CONSENT AND RELEASE OF LIABILITY



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

Child's Name:	Birthdate:
Address:	
Telephone:	Cell Phone:
Backup Emergency Contact and Phone Nu	mber:
Church Name:	Coach/Church Contact:
I understand and agree that participation in privilege, I am signing this Parental/Guardia	"Awana Bible Quiz" sponsored by Genesis Church of York, Pa is a privilege. In consideration of that an Consent and Release of Liability.
activities, accidents in and around facilities, reactions. By signing this Parental/Guardia activities, and I expressly assume all risks of release Genesis Church, its deacons, truste employees, volunteers, and agents, and other whether on or off Event grounds. This Relepersonal representatives of me and my Chipermitted by the Commonwealth of Pennsylvania without rewith respect to any legal action arising with Consent to Medical Treatment I hereby give my consent that my	wen death, including but not limited to the risks arising from transportation—related activities, recreational adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic an Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally ees, pastors, employees and volunteers, and Awana Clubs International ("ACI") its directors, officers, her participants at the Event, from any and all claims that I or my Child may have against any of them, ase of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and ild (hereinafter "we"). We expressly agree that this Release is intended to be as broad and inclusive as divania and that this Release shall be governed by and interpreted in accordance with the laws of the gard to its choice of law provisions. Further, we irrevocably consent and agree that jurisdiction and venue respect to the Activities will be in the Court of Common Pleas of York County, Pennsylvania. Child may receive medical treatment that may be deemed advisable in the event of injury, accident edical or food allergies of Participant (please write "None" if applicable):
Will Participant be under any medication wl	hile at Event? Yes □ No □ If yes, please provide details:
made of my Child by Genesis Church and/oreproduction, exhibition and use of said phosite and in local print media. I acknowledge Authority to Sign I represent and warrant that I am	related activities, my Child may be photographed. I hereby assign all rights to the photographs/video or ACI to Grace Fellowship Church and/or ACI. I hereby authorize and consent to the editing, otographs/video by Genesis Church and/or ACI for promotional purposes in its publications, on its Web e Genesis Church's and/or ACI's right to crop or treat the photographs/video at its discretion. a parent or legal guardian of the Child named above and have the full power and authority to enter into se of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this mation provided is accurate.
	Date:
Signature	
Parent/Guardian Print Name	