



PARENTAL/GUARDIAN CONSENT AND RELEASE OF LIABILITY

EVENT NAME _____

EVENT DATE/LOCATION _____

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

Please Print & Provide All Information Requested - Please return this form to your coach before each Event.

Child's Name: _____ Birthdate: _____

Address: _____

Telephone: _____ Cell Phone: _____

Backup Emergency Contact and Phone Number: _____

Church Name: _____ Coach/Church Contact: _____

I understand and agree that participation in "Awana Bible Quiz" sponsored by Genesis Church of York, Pa is a privilege. In consideration of that privilege, I am signing this Parental/Guardian Consent and Release of Liability.

Consent to Attend Event & Release of Liability

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

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, 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. By signing this Parental/Guardian Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Genesis Church, its deacons, trustees, pastors, employees and volunteers, and Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child (hereinafter "we"). We expressly agree that this Release is intended to be as broad and inclusive as permitted by the Commonwealth of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania without regard to its choice of law provisions. Further, we irrevocably consent and agree that jurisdiction and venue with respect to any legal action arising with respect to the Activities will be in the Court of Common Pleas of York County, Pennsylvania.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event. 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:

Media Release

I understand that at this Event or related activities, my Child may be photographed. I hereby assign all rights to the photographs/video made of my Child by Genesis Church and/or ACI to Grace Fellowship Church and/or ACI. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/video by Genesis Church and/or ACI for promotional purposes in its publications, on its Web site and in local print media. I acknowledge Genesis Church's and/or ACI's right to crop or treat the photographs/video at its discretion.

Authority to Sign

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

Signature

Date: _____

Parent/Guardian Print Name