



Parental Consent and Release of Liability

[Please Print and Provide All Information Requested]

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

Please return this form to your coach/coordinator before each Event. To Be Filled Out By the Church – Please Print!

Child's Name: _____	Child's Date of Birth _____
Awana Registered Church Name: _____	Church City/State _____
Coach's Name: _____	
Saturday	
Event Date: April 13, 2018	Event Location: Stonebriar Community Church, 4801 Legendary Drive, Frisco, TX 75034

I understand and agree that participation in Awana Bible Quiz ("Event") is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

Consent to Attend the Event: I hereby give permission for my Child/Student to attend and participate in the Event. Release of Liability 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 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 release Stonebriar Community Church, its directors, officers, employees, volunteers, and agents, and other participants at the Event, 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. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Texas.

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 or video-taped. I hereby assign all rights to the photographs/video made of my Child by Stonebriar Community Church and ACI. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/video by Stonebriar Community Church and ACI for promotional purposes in its publications, on its Web site and in local print media. I acknowledge Stonebriar Community Church and 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 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.

Parent or Guardian Signature _____ **Date Signed** _____

Printed Name and Phone Number _____

Emergency Contact: Name and Phone Number: _____