

Permission/Release Form

Del City Youth Group

EVENT: _____

Please print clearly

Participant's Name _____ Age _____
Guardian/Parent _____

EMERGENCY CONTACT:

Name _____
Daytime Phone # _____

I give permission for my son/daughter to participate with the **Del City Youth Group**. I hereby waive and release any and all rights, release on claims or damages which I may have against the Del City Church of Christ and all of their agents, volunteers and employees, for any and all injuries which my son/daughter may incur while taking part in your program. I, and my child/ren or ward/s understand the inherent dangers of daily activities and swimming and I, and my child/ren or ward/s, also understand that potential injuries include strains, sprains, breaks, cuts, punctures, abrasions, broken limbs and even accidental death. I HEREBY ASSUME THE RISKS OF INJURY, DAMAGE OR LOSS WHICH MY CHILD/REN or WARD/S MAY SUSTAIN AS A RESULT IN PARTICIPATING IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH DEL CITY YOUTH.

This release also encompasses and injuries which may be sustained while traveling to and from participation in your program. As a parent I understand it is my responsibility to pick up my son/daughter at the predetermined time. I also understand that if my son/daughter becomes ill or destructive, the above **"EMERGENCY CONTACT"** will be called to take my son/daughter home.

Parent/Guardian Signature

Date

I hereby wave and release any and all rights and claims for damages which I may have against the Del City Church of Christ, and all their agents, volunteers and employees for any and all injuries which may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in your program. I also understand that if I become ill or destructive, the above **"EMERGENCY CONTACT"** will be called to take me home.

Signature of Participant

Date