PERMISSION/WAIVER FORM

**FIRST AID & EMERGENCY MEDICAL TREATMENT**

I hereby give the staff/volunteers of Peace Mennonite Church permission to see that my child receives any medical attention he/she may need while participating in High Power Soccer Camp. I also release Peace Mennonite Church and its staff/volunteers of any liability not caused by their negligence during the above program. This includes the following:

• The power to seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.

• The power to authorize medical treatment or medical procedures in an emergency situation.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, I hereby give Peace Mennonite Church permission to act on my behalf in seeking and administering medical treatment should it be deemed necessary or advisable for the registrant’s health, safety and/or welfare.

**FUNCTIONS & ACTIVITIES**

It is my understanding that participating in the programs, activities and soccer games of Peace Mennonite Church’s High Power Soccer Camp is a privilege. Prior to my child’s participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**RELEASE OF LIABILITY**

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding the physical demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Peace Mennonite Church and its staff/volunteers. I further agree to indemnify and hold harmless Peace Mennonite Church and staff/volunteers from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**PARENT/GUARDIAN AUTHORIZATION**

I represent that I am the parent/ guardian of the above child, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Peace Mennonite Church including any special events/activities described above. In consideration for allowing the participation of the child in the activities of Peace Mennonite Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's medical status, etc.

I HAVE CAREFULLY READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND ACCEPT ITS TERMS. I

HEREBY SIGN THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

**PHOTO RELEASE**

*I give Peace Mennonite Church permission to publish in print, electronic, website, or video format the likeness or image of my child.*

*I release all claims against Peace Mennonite Church with respect to copyright, ownership, and publication, including any claim for compensation related to use of the materials.*

Please initial: \_\_\_\_\_\_\_

NAME OF CHILD ATTENDING PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF WITNESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_