

**THE AMAZING
R A C E**

September 4, 2015

\$10 per person

6-9pm

**THE AMAZING
R A C E**

September 4, 2015

\$10 per person

6-9pm

**THE AMAZING
R A C E**

September 4, 2015

\$10 per person

6-9pm

**THE AMAZING
R A C E**

September 4, 2015

\$10 per person

6-9pm

Student Name: _____ Date: _____

Parent/Guardian Names: _____

Address: _____

Phone(s): _____

Email(s): _____

I, _____, give my permission for _____ to participate in any youth activity, trip or outing sponsored by Horizons Community Church, including transportation to and from the event. In the event of an emergency, I give my permission for treatment of my child in an emergency clinic or hospital, and I vest any adult chaperone for the group with the authority to act on my behalf and order appropriate treatment for my child in my absence. Finally, with my signature upon this document, I hereby fully release Horizons Community Church, its staff and volunteers from any liability for injuries that may occur to my child during the course of youth activities, trips, or outings sponsored by Horizons Community Church, including but not limited to injuries occurring during transportation to and from such events.

Parent or Legal Guardian Signature

Family Medical Insurance Company and Policy Number

Student Name: _____ Date: _____

Parent/Guardian Names: _____

Address: _____

Phone(s): _____

Email(s): _____

I, _____, give my permission for _____ to participate in any youth activity, trip or outing sponsored by Horizons Community Church, including transportation to and from the event. In the event of an emergency, I give my permission for treatment of my child in an emergency clinic or hospital, and I vest any adult chaperone for the group with the authority to act on my behalf and order appropriate treatment for my child in my absence. Finally, with my signature upon this document, I hereby fully release Horizons Community Church, its staff and volunteers from any liability for injuries that may occur to my child during the course of youth activities, trips, or outings sponsored by Horizons Community Church, including but not limited to injuries occurring during transportation to and from such events.

Parent or Legal Guardian Signature

Family Medical Insurance Company and Policy Number

Student Name: _____ Date: _____

Parent/Guardian Names: _____

Address: _____

Phone(s): _____

Email(s): _____

I, _____, give my permission for _____ to participate in any youth activity, trip or outing sponsored by Horizons Community Church, including transportation to and from the event. In the event of an emergency, I give my permission for treatment of my child in an emergency clinic or hospital, and I vest any adult chaperone for the group with the authority to act on my behalf and order appropriate treatment for my child in my absence. Finally, with my signature upon this document, I hereby fully release Horizons Community Church, its staff and volunteers from any liability for injuries that may occur to my child during the course of youth activities, trips, or outings sponsored by Horizons Community Church, including but not limited to injuries occurring during transportation to and from such events.

Parent or Legal Guardian Signature

Family Medical Insurance Company and Policy Number

Student Name: _____ Date: _____

Parent/Guardian Names: _____

Address: _____

Phone(s): _____

Email(s): _____

I, _____, give my permission for _____ to participate in any youth activity, trip or outing sponsored by Horizons Community Church, including transportation to and from the event. In the event of an emergency, I give my permission for treatment of my child in an emergency clinic or hospital, and I vest any adult chaperone for the group with the authority to act on my behalf and order appropriate treatment for my child in my absence. Finally, with my signature upon this document, I hereby fully release Horizons Community Church, its staff and volunteers from any liability for injuries that may occur to my child during the course of youth activities, trips, or outings sponsored by Horizons Community Church, including but not limited to injuries occurring during transportation to and from such events.

Parent or Legal Guardian Signature

Family Medical Insurance Company and Policy Number