

Bowling Sleep Over

My child, _____, has my permission to attend the ***Bowling Sleep-Over on June 5-6, 2015.***

In consideration of being allowed to participate in the **Bowling Sleepover** I hereby release Covenant Christian Reformed Church, its trustees, ministers, officers and volunteers, including volunteers pertaining to the above activity, from all claims, liability, allegations of personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever that may be incurred by the undersigned and/or the child participant that may occur while said child is participating in this activity.

Furthermore, I on behalf of said child assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the recreation activities involved herein.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination, medical, dental or surgical diagnosis, treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state of New Jersey or Pennsylvania. I expect that I / my emergency contact will be contacted as soon as possible.

In understand that this document constitutes a full and complete waiver of all possible claims for any act of omission, including claims for negligence regarding injury or property damage, arising out of my / my child's participation in the trip.

Adult signature

Child's name _____ Telephone _____

Address _____

Insurance Information:

Company: _____ Group # _____ Policy # _____

Parent / Guardian name _____

Telephone _____ Cell phone _____

Emergency contact; _____ Telephone _____

Does your child have any allergies or medical conditions that we should be aware of? If so, please describe:
