

Permission for Child to Participate in Activity

TO: University Christian Fellowship of Syracuse (the “Organizer”)

IN CONSIDERATION OF the Child named below (the “Child”) being permitted to participate in the Activity, the undersigned, parent or legal guardian of the Child, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Gives permission for the Child to participate in the Activity and assumes all risk of injury or harm to the Child associated with such participation.
2. Releases and forever discharges the Organizer and its staff, employees, agents, representatives, successors and assigns (collectively the “Releasees”) of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the “Claims”) in respect of death, injury, loss or damage to the Child, howsoever caused, arising or to arise by reason of or during the Child’s participation in the Activity, whether prior to, during or subsequent thereto and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
3. Consents to any of the staff, employees, agents and representatives of the Organizer administering or consenting to the administration of such emergency medical care to the Child as such person deems appropriate in the circumstances.
4. Understands and acknowledges that the Organizer does not carry or maintain health, medical or disability insurance coverage for the Child and therefore agrees to assume responsibility for such insurance coverage on the Child.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

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| Name of Child | Signature of Parent |
| Date | Name of Parent |
| Alternate Contact in Case of Emergency | Address of Parent |
| Relation of Contact | Telephone No. of Parent |
| Address of Contact | Name of Child’s Physician |
| Telephone No. of Contact | Telephone No. of Child’s Physician |



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