

**GRACE FELLOWSHIP CHURCH
PARENT'S CERTIFICATE OF PERMISSION AND RELEASE**

I/We give my/our permission for:

to participate in the following activity / club / field trip:

Section A- Acknowledgment of Inherent Risks & Costs

I/We understand that there are risks and dangers inherent in participating in these types of activities. I also understand that in order for my/our child to participate, I/we must give up my/our rights to hold Grace Fellowship Church, its trustees, employees, officers and/or representatives, liable for any injury or damages which my/our child may incur while participating in above-mentioned activities.

Furthermore, I/We acknowledge that on rare occasions injuries caused by such activities can be so severe as to result in total disability, paralysis or even death. I/We understand that in the event of an injury to my/our child, all costs of emergency transportation and medical care are under my/our responsibility. The aforementioned risks have been discussed with my/our child.

Section B - Transportation Agreement

I/We give my/our permission to Grace Fellowship Church and its representatives to transport my/our child to and from activities as needed. I understand that transportation to and from activities will NOT always be provided and that in such circumstances it is the responsibility of student participants to arrange timely transportation to and from activities.

Section C – Medical Treatment Release

In the event I/we cannot be reached in an emergency, I/we give permission to the physician and/or health services staff, selected by an adult leader in charge, to obtain medical assistance and treatment for my/our child as necessary.

Section D - Braces Waiver (if applicable)

I/We give permission for my/our child to participate in the above-mentioned events/activity while wearing orthodontic braces. I/We agree to hold Grace Fellowship Church harmless for any damage to the braces or teeth of my/child.

Parental Permission & Release

I/We acknowledge that I/we have read and understand all of the information described above. It is agreed that Grace Fellowship Church, its trustees, employees, officers and representatives shall not be liable for injury to my/our child participating in activities under their supervision.

Name of Student

Date

Signature/s of Mother, Father, Guardian

Date