

# Kidz Blast & Tweens Medical Release Form Shelter Rock Church 2016 -2017

Child's Name: \_\_\_\_\_

I, the undersigned parent/guardian, do hereby grant permission for my child, named above, to attend Shelter Rock Church Kidz Blast. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Kidz Blast/Tweens, I hereby authorize the staff to obtain or provide medical treatment for my child for such injury or illness during the program, and I hereby hold the staff and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my child may sustain physical illness or injury while at Kidz Blast. If this occurs, I hereby authorize the staff and representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury that he/she may sustain during the program.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release Shelter Rock Church and its representatives from any claims for personal illness or injury that my child may sustain during the program. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the program.

I do hereby give Shelter Rock Church , its assigns, licensees, and legal representatives the irrevocable right to use my child's picture, portrait or photograph in all forms and media and in all manner, for the advertising, trade or in any other lawful purpose for the benefit of Shelter Rock Church only.

As the parent or legal guardian of the person listed above, I have read and understand the provisions of this document, I consent to the person participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights there from.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian