

KidzCommunity Group

Medical Release Form



I, the undersigned parent/guardian, do hereby grant permission for my child(ren),

to attend Shelter Rock Church Kidz' Night Out. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during Kidz' Night Out, I hereby authorize the event staff to obtain or provide medical treatment for my child for such injury or illness during the event, and I hereby hold the event 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 the event. If this occurs, I hereby authorize the event 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 event. 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 event. I further acknowledge and understand that my child will be responsible for his/her failure to abide by the rules and regulations of the event.

Parent/Guardian Signature

Date

Shelter Rock Church - 178 Cold Spring Road, Syosset, NY 11791