

## Palooza Parental Consent and Liability Waiver

### General Rules

Respect rules, one another, staff and adult leaders. Respect property. NO alcohol, drugs, tobacco permitted. NO lighters permitted. NO fighting, weapons, fireworks, explosives. NO offensive or immodest clothing. Participation with the group is expected. Respect for and participation in scheduled events is expected.

### Release for Medical and Disciplinary Action

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Friendship Church. It is acknowledged that my child's participation in the Palooza event at Friendship Church may involve physical exertion. I/We understand that there are inherent risks involved in any event, and hereby release Friendship Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event of an emergency, I/We understand that attempts will be made to contact a parent, guardian or alternate emergency contact in the most expeditious way possible. I/We grant permission to the representative(s) of Friendship Church and Emergency Medical Services to provide the necessary emergency treatment to my/our student prior to his/her admission to a medical facility. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care regardless of insurance coverage.

I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/We authorize any such medical provider to perform all procedures deemed medically necessary in attempting to treat any injuries or illnesses. I/We consent to the administration of anesthesia if deemed necessary by a licensed physician. I/We understand that there is a possibility of complications and unforeseen consequences in any medical treatment, and I/we assume any such risks.

I/We affirm that the information provided on the Student Emergency Contact & Allergy Information form is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named below on the date of the event.

I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministry staff member.

I/We authorize appropriate and lawful disciplinary action in the case of misconduct by my student. I understand that the general discipline procedure is as follows:

1. The student is warned privately whenever possible and publicly if necessary.
2. The student is separated from the group and given a specific course for correction.
3. The student is removed to the custody of their parent.

I/We understand that misconduct may result in transportation home from an activity at the parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Student/Participant Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Student Emergency Contact & Allergy Information

Student/Participant Name: \_\_\_\_\_

Grade: \_\_\_\_\_

#### Emergency Contact #1

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Emergency Contact #2

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Student/Participant Allergies or Additional Information:

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- ☐ Student/Participant carries an epi-pen
  - ☐ Student/Participant carries an inhaler