



**Parental Consent and Release of Liability
Please Print and Provide All Information Requested**

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Please return this form to your coach/coordinator before each Event.

To Be Filled Out By the Church – Please Print	
Child's Name: _____	Awana Registered Church Name: _____
Church City/State _____	Coach: _____
Date and location of the Event the Child is attending: _____	Child's Birthdate: _____
Date: JANUARY 26, 2018	Event Location: CALVARY CHAPEL PEARL HARBOR

Consent to Attend Event

I hereby give permission for my Child to attend and participate in the Event.

Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Illinois.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): _____

Will Participant be under any medication while at Event? Yes No If yes, please provide details: _____

Media Release

I understand that at this Event or related activities, my Child may be photographed. I hereby assign all rights to the photographs/video made of my Child by ACI. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/video by ACI for promotional purposes in its publications, on its Web site and in local print media. I acknowledge ACI's right to crop or treat the photographs/video at its discretion.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Cook County, Illinois.

Parent or Guardian Signature

Date Signed

Printed Name and Phone Number

Emergency Contact: Name and Phone Number