

Tanglewood Church Children's Ministries

Release and Waiver of Liability Form

I hereby, consent to let my child participate in the following event, _____.
It is understood that every precaution will be take for the safety and well-being of my child, but
in the event of an accident or sickness, Tanglewood Church, its staff, and its volunteers are
hereby released from any liability.

Parent/Guardian Name: (Please Print): _____

Home Phone: _____ Cell Phone _____

Name (Other Than Guardian): (Please Print): _____ Relationship _____

This release and wavier of liability form have been executed on ____/____/____ on behalf of the
following:

Child's Name (Please Print): _____ Relationship _____

Child's Name (Please Print): _____ Relationship _____

Child's Name (Please Print): _____ Relationship _____

The attendees listed above hereby freely, voluntarily and without duress execute this release
under the following terms:

- **Wavier and Release.** Attendees hereby release and forever discharge and hold harmless Tanglewood Church from the liability or claim that the attendees may have respect to bodily injury, illness, death or property damage that may result during this event.
- **Medical Treatment.** Attendees hereby release and forever discharge and hold harmless Tanglewood Church from any claim whatsoever which arises or may hereafter arise on account of first aid, treatment or service rendered in connection the attendees' participation in this event.
- **Assumption of the Risk.** The attendees understand that Tanglewood's activities including inflatables may cause bodily harm. Attendees hereby assume the risk of injury during all activities and release Tanglewood Church from all bodily injury, illness, death or property damage that may result during this event.
- **Photographic Release.** The attendees hereby grant and convey unto Tanglewood Church all right, title and interest in photographic images which are taken during this event.

Medical Information

Insurance Company: _____ Policy# _____

1. Does your child have any allergies? If yes, what? _____

2. Is your child bringing medications with him/her? ____ Yes ____ No. If yes, please and state dosage: _____

PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly labeled.

3. Does your child have any physical, emotional, mental or behavioral concerns or limitations in which our staff should be aware? _____

Parent/Guardian Signature: _____ **Date** _____