

LIABILITY RELEASE AND MEDICAL INFORMATION

I understand that my child _____ will participate in the program and take directions from Program Director and Teachers. If my child consistently refuses to follow Calvary's Summer Program rules and take directions, at the discretions of the Director or the Administration, my child could be asked to discontinue the program. Under these circumstances, I will be contacted and asked to arrange to have my child picked up.

I give permission for my child to participate in recreation and other planned program activities under program leadership. I give permission for my child to receive emergency medical care if necessary. I hereby release, forever discharge, and agree to hold harmless Calvary Tabernacle and the directors thereof from any and all liability, claims of demands for personal injury, sickness or death, property damages and expenses, not resulting from the negligence of Calvary Tabernacle Summer Program, which may be incurred by the undersigned and the participant that occur while said person is participating in any Calvary Tabernacle Summer Program sponsored activities.

Parent signature

Date

Print Parent Name