



Release of Liability & Consent for Medical Treatment

Event: Savannah Adventures Trampoline Park Trip

I hereby release and hold harmless from liability *Connection Church*, its staff members, volunteer workers, and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any staff, volunteers, employees and/or agents while my child is engaging in any church or youth activity.

I further consent to any hospital or medical care necessary for my child, and such medical care may be approved by my child's pastor/children's director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child/children.

I understand that this is a legally binding release and consent that the church activities are provided in consideration for this signed release and consent.

I have carefully read this Release of liability and Consent for Medical Treatment form and fully understand its contents. Being aware of said contents, I sign of my own free will.

Name of Participant

Parent or Legal Guardian Signature

Date

INSURANCE INFORMATION – PLEASE PRINT:

Type of Insurance: _____

Insured Name: _____

Acct #: _____ I.D. #: _____