



**TRIP / ACTIVITY / MISSIONS  
PERMISSION RELEASE FORM / MINORS**

<b>DATE:</b>	<b>START TIME:</b>	<b>END TIME:</b>
<b>TRIP/EVENT:</b>	<b>COST:</b>	
<b>LOCATION:</b>	<b>DESCRIPTION OF EVENT &amp; ACTIVITY:</b>	

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ born on \_\_\_\_\_. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as a student attending EMMANUEL FELLOWSHIP dba C3 COTTONWOOD, my student will participate in certain activities which carry with them a degree of risk and danger. I acknowledge and understand that EMMANUEL FELLOWSHIP dba C3 COTTONWOOD may offer other activities not listed above that present similar risks or dangers to my student. I consent to my student's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my student's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my student as a result of my student's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my student to proceed with the activities. In consideration of my student being allowed to participate in these activities and to use EMMANUEL FELLOWSHIP dba C3COTTONWOOD, equipment and facilities, on behalf of my student, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless EMMANUEL FELLOWSHIP dba C3 COTTONWOOD, from any and all claims, demands, or causes of action, which are in any way connected with my student's participation in these activities or use of EMMANUEL FELLOWSHIP dba C3 COTTONWOOD equipment and facilities.

**I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my student's participation in any and all activities while in the care of EMMANUEL FELLOWSHIP dba C3 COTTONWOOD.** Should the need for medical attention arise the church will attempt to contact me as soon as practicable under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my student by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my student's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. **I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.**

\_\_\_\_\_  
Signature Printed Name Date

Contact Number in case of an emergency \_\_\_\_\_