



Oakwood Community Church

This form is meant to be filled out one time and covers all Oakwood Community Church events that 5th and 6th grade students attend in a given year.

I, the undersigned parent or guardian, hereby consent that my child, \_\_\_\_\_, may participate in any event sponsored by Oakwood Community Church between September 1, 2008 and August 31, 2009. I certify that my child is able to participate in any event. If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them below. I hereby authorize an Oakwood agent or employee to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON ANY ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Oakwood Church and its agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future connection with the activity of participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive a permitted by the law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Information

Name of insurance firm: \_\_\_\_\_ Phone #: \_\_\_\_\_

Under whose name is your insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any relevant medical conditions:

Emergency Contact Information

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Other #: \_\_\_\_\_