

AWANA

Dates Covering August 27, 2008 - May 6, 2009

MEDICAL AND ACCIDENT WAIVER

To be filled out by parents or legal guardians
Of participants under 18 years of age.

I, _____, the parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child, the said minor, my express permission to participate in special AWANA activities both at and away from Mt. Franklin Baptist Church.

In the event there arises an emergency necessitating medical and/or surgical attention, I hereby consent and give my permission to the AWANA Leaders. Mt. Franklin Baptist Church or its representatives, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of _____, a minor, do release, acquit, discharge and covenant to hold harmless the Mt. Franklin Baptist Church and AWANA Leaders from any and all actions, damages or liabilities arising out of the treatment of any sickness or accident incurred by my said child during the above dates.

I also hereby give my permission for the above named minor child to be transported to and from AWANA sponsored activities by authorized and licensed AWANA personnel.

Parent and/or Guardian _____

Date _____

Address _____

(Street/Box)

(City/State)

(Zip Code)

Phone (_____) _____