

Parent Info

Name(s): _____
Address: _____
City/St/Zip: _____
Home Phone: _____
Father Cell: _____
Mother Cell: _____

2009-2010
PIONEER CLUBS® Permission Slip
Christian Family Chapel
for

(person's name)

Waiver and Release of Liability

I, _____, give permission for the person named above to attend Christian Family Chapel and to participate in various activities sponsored by CFC during the year. This includes permission for my child to be transported to and from Christian Family Chapel, and Christian Family Chapel sponsored activities and to be transported to and from any Land o' Sunshine CAMP CEDARBROOK® events. I understand that certain activities carry the risk of injury, including but not limited to: use of kitchen stoves, use of craft tools, fire building, biking, water sports, pony rides and horseback riding. I voluntarily release, acquit and forever discharge Christian Family Chapel and its directors, elders, employees, members and agents from all manner of suits, actions, demands and liabilities which may arise from my child participating in or being transported to and from activities at Christian Family Chapel, 10365 St. Augustine Road, Jacksonville, Florida, 32257 or any Christian Family Chapel sponsored event.

Authorization and Consent for Treatment (For Adults and Minors)

I have read the above waiver and Release of Liability and agree to its provisions. In addition, in the event of an accident or illness and the parent or guardian cannot be reached, I give permission for Christian Family Chapel leaders to apply first aid and/or, if I cannot be reached in an emergency, to take my child to a doctor or hospital for treatment. I also give permission for Pioneer Club leaders to apply first aid and/or, if I cannot be reached in an emergency, to take my child to a doctor or hospital for treatment.

I understand that Christian Family Chapel's medical insurance is "second pay" and that any family policy will be billed first. I assume all financial responsibility for the decisions made to secure emergency care or treatment for the above-named person.

Emergency Contact Information (other than parents):

Name Telephone Relationship

Medical Information

Allergies _____
Insurance Carrier _____
Name of Insured _____ Relationship to club member _____
Policy # _____ Group # _____

Please Sign Below

Signed _____ Relationship _____ Date _____

Witness _____ Date _____

(note - witness should not be spouse)

Child's Last, First Name