Prairie Hills
COVENANT

Prairie Hills Covenant Church Sioux Falls (PHCC)

6000 E. 33rd St
Sioux Falls, SD 57110

Children "Activity Waiver"

The undersigned parent/legal guardian hereby gives permission to Prairie Hills Covenant Church (PHCC), for my child (insert child's name) _____ to take part in the following activity _____.

Should my child require immediate or emergency medical care while engaged in the activity sponsored by PHCC, in my absence, I hereby grant PHCC authority to release my child for medical treatment to such medical personnel as PHCC determines appropriate under the circumstances.

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless PHCC, its officers and agents, from any liability to or responsibility for bodily injury, abuse, or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by PHCC. Further, I agree to indemnify and hold harmless PHCC, it officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness or damage.

Child (ren)'s Allergies: _____

_____

PLEASE READ CAREFULLY. THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION.

_____ _____
Date Signature of Parent or Guardian

_____
Printed name of Parent or Guardian

Telephone Number (s): Home _____

Work _____

Emergency Contact: _____ Emergency Number: _____

Special instructions or medical conditions:

_____

_____