

FIRST REFORMED CHURCH Consent and Waiver of Liability Form

	Child's Name	Child's Birthdate	Child's Grade
1			
2			
3			
4			

**potty trained required*

Check Box if you completed Kids Quest Registration form otherwise complete the info below in box.

Address Street _____ City _____ State _____

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Child	Allergies to drugs or foods	Special Medication / Pertinent Info
1		
2		
3		
4		

Emergency Contact Name *(if unable to reach parents)* _____ Phone _____

May we use the pictures taken during any FRC or Kids Quest event for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Yes No

First Reformed Church has my permission to obtain emergency medical treatment for my child(ren), when I cannot be reached or if a delay in reaching my child(ren) would be dangerous for him/her.

My child(ren) have my permission to attend and participate in all activities & trips sponsored by First Reformed Church.

I hold you, your agents, employees and representatives harmless from any liability to my child(ren) while engaged in this activity that is caused or contributed to by his/her conduct or the conduct of any other participants. I further agree to indemnify and defend you, your agents, employees, and representatives against any claim or liability asserted for any injury. I also hold you, your agents, employees & representatives harmless from all liability to any other person or entity arising as a result of the conduct of my child or the other participants in the activity and I agree to defend and indemnify you, your agents, employees, & representatives against any claim or liability arising as a result of such conduct.

This Consent Form & Waiver of Liability is also being signed by the undersigned as parent and/or legal guardian of the minor child and by Participant's signature hereon, the undersigned ratifies and consent to all the terms specified herein both on Participant's own behalf and on behalf of the minor child. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child(ren) while he/she is in care.

Signature of Parent or Guardian

Date