LIABILITY RELEASE

We, the undersigned parent(s) or legal guardian(s) for			
Furthermore, we agree to assume all reoccurrences.	esponsibility for	any of the previously mentioned	
We give authorization for the church to (if applicable).	provide all nec	essary food, transportation, and lodging	ng
We give our permission for our child to representatives of the church to obtain for any medical bills incurred.		•	•
Should our child have to return home be hereby assume any costs incurred.	pefore the group	for medical or disciplinary reasons, w	⁄e
Print Child's Name		Emergency Contact/Number	_
Insurance Co/Number		Physician's Name/Number	
Father's Signature	Date	Mother's Signature Da	 ate
Legal Guardian Signature	Date	Non-Custodial Parent/Number	
*Both parents must sign, unless only o custodial parent's name and whether to		-	n-