

PROGRAM RELEASE & AUTHORIZATION

Student's Name: _____

Staff Initials: _____

Parent Authorization:

I declare my child has valid medical approval and is mentally able to participate in the activities of Indianapolis First Church of the Nazarene. My student's health information provided herein is correct so far as I know, and my student has permission to engage in all prescribed program activities except as noted. I further understand that neither Indianapolis First Church of the Nazarene nor any of its paid staff or volunteer workers can be held responsible in the event of an accident or injury to my child. I hereby release Indianapolis First Church and its staff and volunteers from any liability for injury, illness or other harm my child may incur while participating in such activities. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied this brochure and understand the contents thereof.

Transportation Agreement: By my signature below, I give permission for my child to travel by vehicle with employees and volunteers of Indianapolis First Church of the Nazarene. This would be for a field trip or transportation to and from the sites. I understand that only licensed and qualified personnel will operate any vehicle to and from the site. I hereby release Indianapolis First Church of the Nazarene staff and volunteers from liability for injury, illness or other harm which may arise as a result of my child's participation in these trips.

Walking Home Authorization I hereby give permission for my child to walk home from any programs or activities which take place at any Indianapolis First Church of the Nazarene. I hereby release Indianapolis First Church of the Nazarene, its agents, staff and volunteers from liability for injury, illness or other harm which may arise as a result of my child being able to walk home after the program.

YES NO

Emergency Authorization:

I authorize any representative of Indianapolis First Church of the Nazarene to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professional selected by Indianapolis First Church of the Nazarene to provide the necessary care and treatment for my child. I hereby release Indianapolis First Church of the Nazarene, its staff and volunteers from any liability for injury, illness or other harm my child may incur as a result or in connection with such treatment.

Photograph/Video Authorization: Indianapolis First Church of the Nazarene and partnering organizations/companies with Indianapolis First Church of the Nazarene have my permission to use photographs/videos of my child.

Yes No

If neither box is checked, your signature below will indicate your consent for photo/video release for use by Indianapolis First Church of the Nazarene and partnering organizations/companies.

Parent/Guardian Signature

Date