

Consent and Medical Release for Awana Club Activities

As a parent(s) and/or guardian(s) of _____ I do herewith consent for her/him to participate in the activities connected with the Awana Club of Seed Church which includes riding to and from the church and all activity(s) in the church vehicle or another vehicle designated by any church- approved adult leader or chaperone.

I understand that activities will occur at the site of Seed Community Church (20610 Cypress Way Lynnwood, WA), at the homes of various members; and at times at various other churches in the State.

I do herewith authorize the treatment by qualified and licensed medical doctor of the above-named person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. If the above named person has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. If I cannot be reached within a reasonable period of time, as determined by church officials, I herewith authorize the attending doctor, nurse, or worker to make emergency medical decisions that he/she deems necessary. If there are any activities I do not want my child involved in, I have listed them below:

Medical conditions/allergies to be aware of: _____

Physical restrictions: _____

Instructions: _____

I do NOT want the above named person to participate in the following: _____

Emergency telephone numbers: _____

I understand and herewith agree to assume all of the risks which may be encountered on the said Awana Club activities, including those preliminary and subsequent thereto. I do, for myself and for the above named person, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Seed Church and its agents, employees, and volunteers from any and all liability, actions, causes of action, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with the above named person's participation in the described activity(s) or in any other associated activities including, but not limited to, any injury to the above named person or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Washington and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the two parties hereto. This release will be in effect on the date (s) August 30, 2009 through June 6, 2010.

I further state that I have carefully read and understand the foregoing release and know the contents hereof and I sign this release as my own free act. I understand that this release is a legally binding agreement.

SIGNATURE: _____ DATE _____

ADDRESS _____ CITY _____



20610 Cypress Way, Lynnwood WA 98036
www.dyingtolive.org 425.488.4174



Awana Commander: Kay Bonikowsky
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