

***Dogwood Church***  
**PERMISSION/ WAIVER FORM**

**Event** \_\_\_\_\_

Name of Child or Adult Participant (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If the participant is a child, print the names of parent(s) and/or legal guardian(s)

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

School \_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of **DOGWOOD CHURCH** is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **DOGWOOD CHURCH** and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against **DOGWOOD CHURCH** or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless **DOGWOOD CHURCH** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**Health Insurance**

**Date of last Tetanus:** \_\_\_\_\_

Health insurance information:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Group Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Contacts**

Name of persons and telephone numbers to call in case of emergency:

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Other \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_