

AWANA

Medical and Liability Release Form

Name of sponsoring organization: Bethel Church of the Nazarene

Address of organization: 3001 12th Ave. Rd., Nampa, ID 83686

AWANA Directors: Pastor Kaleb Harper and Pastor Kym Slater

Participant Information

(To be completed by a parent or an authorized guardian)

Name of participant: _____ Age: _____

Phone number to contact you during AWANA Activities: _____

In Emergency Contact: _____ Telephone: _____

Doctor's Name: _____

HEALTH HISTORY – Please check if it applies to your child

Allergies () ADHD () Autism () Diabetes () Epilepsy () Asthma ()

Physical Handicaps () Heart Condition () Learning Disabilities ()

If you checked any of the above, please give details (i.e., include specific food or other allergies and normal treatment of allergic reactions)

*Date of last Tetanus Shot _____

Bethel Nazarene's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son or daughter attends AWANA.

Do you have health insurance? Yes () No ()

Name: _____ Policy Number: _____

Address: _____

Employer: _____

Are Bethel Nazarene's employees or volunteer assistants authorized to approve medical treatment?

Yes () No ()

Liability and Medical Release

Every activity sponsored by Bethel Nazarene is carefully planned and supervised by adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in AWANA activities. They also agree to not hold Bethel Nazarene, its employees, or volunteer assistants liable for damages, losses, or injuries to the person on the property undersigned. The parents or guardians understand that they are signing below for the minor listed on this form and the signature is for both medical and liability release.

Signature: _____ Date: _____
(Parent/Guardian)

Behavior Agreement

I also understand that if my child is a constant disruption during an activity or flagrantly breaks guidelines, he/she will be asked to leave AWANA early. The AWANA Director(s) will call me and I will pick up my child within 30 minutes.

I promise that the above information is true and agree to the above behavior agreement.

Signature: _____ Date: _____
(Parent/Guardian)

PHOTOGRAPHY RELEASE

Bethel Church of the Nazarene has my permission to use my or my child's photograph publically. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____