## St. David's Episcopal Church, Wayne Release Form

ALL PARENTS OR GUARDIANS OF ANY CHILD (UNDER 18) WHO WISH TO PARTICIPATE IN ANY PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING PROGRAM RELEASE FORM BEFORE THEIR CHILDREN CAN PARTICIPATE IN THE PROGRAM OR ACTIVITY				
Child's Name:				
Gender:	Age:	Age:		
	Personal Information			
Parent or Guardian Name:				
Phone Number	Home:	Work:		
	Cell:		I I	
	Street	City	State	Zip
Address				F
Alternate Contact Name: Pho				
Program or Event Information				
<ul> <li>I agree to have my child participate in the following program or events:</li> <li>September 25<sup>th</sup> Day, including bus ride to Urban Air</li> <li>September 26 Service for St. David's Fair on the Fairgrounds</li> <li>October 2 Service at the Midway, St. David's Fairgrounds</li> <li>Possible overnight retreat in late winter, early spring</li> <li>Closing bonfire activity on St. David's ground</li> </ul>				
Special Needs/ Allergies/ Potential health problems/comments:				
<b>RELEASE/DISCLAIMER</b> I do herby assume full responsibility for any and all damage, injures (including death), or losses that my child may sustain or incur, if any, while attending, practicing, participating, or witnessing <b>in</b> any program, sport or physical activity occurring in or about the premises or at any off site location.				
I hereby assume full risk, waive all claims and release and hold its instructors or partners of said program or event, individually orotherwise, harmless of any and all claims for injures or damages.				
I am fully aware and understand that the does not have on or about the premises or employ or contract with any medical services, provision for ordinary or emergency medical services.				
In consideration of my child's participating in and the use of the facilities, I hereby release and covenant not to sue the its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by St. David's Episcopal Church.				
I have read and fully understand the above Release/Waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily				
Parent/Guardian Name (print):				
Parent/Guardian Signature:		Date:		