



**Parental Consent and Release of Liability
Please Print and Provide All Information Requested**

**IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.
Please return this form to your Director/Commander/Leader.**

To Be Filled Out By the Church – Please Print

Child's Name: _____

Child's Birthdate: _____

Awana Registered Church Name: Igreja Cristiana Senda De Luz Inc. / Path of Light Christian Church Inc.

Church City/State: 303 N. Hwy 27 (Suite D) Minneola, Florida 34715

Date of Program Year: October 3, 2014 thru May 2015

TEAM STATUS: **Circle One:** CUBBIES SPARKS TRUTH & TRAINING TREK

I understand and agree that participation in "Awana Clubs" & "Awana Club Games" or any event is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

Consent to Attend Event

I hereby give permission for my Child to attend and participate in Awana Clubs at Igreja Cristiana Senda De Luz Inc. Path of Light Christian Church Inc.

Release of Liability

Prior to my Child's involvement in "Awana Clubs & Awana Club Games", I acknowledge that involvement of my Child in "Awana Clubs & Awana Club Games" may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") & Igreja Cristiana Senda De Luz Inc. Path of Light Christian Church Inc.; its directors, officers, employees, volunteers, and agents, and other participants, from any and all claims that I or my Child may have against any of them, whether on or off grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Florida.

Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the time he/she is participating in Awana Clubs & Awana Club Games.

List any medical or food allergies of child. (Please write "None" if applicable):

Is the child under any medication? Yes No (If yes, please provide details):

In the event that there is no medical insurance for your child, how would you like for Awana Director/Commander/Leader to proceed if there is an injury that is not life threatening.

Please specify and provide details:

PLEASE GIVE A COPY OF YOUR INSURANCE CARD TO AN AWANA DIRECTOR/COMMANDER/LEADER.

Media Release

I understand that at Awana Clubs or related activities, my Child may be photographed. I hereby assign all rights to the photographs/video made of my Child by ACI & Iglesia Cristiana Senda De Luz / Path of Light Christian Church Inc. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/video by ACI & Iglesia Cristiana Senda De Luz / Path of Light Christian Church Inc. for promotional purposes in its publications, on its Web site and in local print media. I acknowledge ACI's & Iglesia Cristiana Senda De Luz / Path of Light Christian Church Inc. right to crop or treat the photographs/video at its discretion.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate. I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Lake County, Florida.

Parent or Guardian Signature _____ Date Signed _____

Printed Name _____ Phone Number _____

In case of emergency, please contact:

Name: _____

Relationship to child: _____

Phone Number: _____