

LIABILITY RELEASE FORM

WORSHIP DANCE/CREATIVE ARTS CONFERENCE

Start date: _____ End Date: _____
New signed form REQUIRED for each Camp.

Parent or Legal Guardian or Adult Participant

Full Name of Child

Home Address

Zip Code

Home Phone

Work Phone

Cell Phone

Insurance Carrier

Policy Number

Insurance Phone Number

I give permission for my minor child, (or myself) to take part in all activities of the Worship Dance/Creative Arts Week being held at Resurrection Lutheran Church, Lamplight Church, Memorial United Methodist Church, Third Presbyterian Church, Central Piedmont Community College and any other facility used and transportation between the locations.

I do hereby release Resurrection Lutheran Church and Zion Center for Worship and the Arts, their agents or representatives of liability for my child (or myself) of any injury to my child (or myself) in class, during any sponsored activity or while being transported.

I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed below immediately.

In the event that the person(s) listed below cannot be contacted for the health and well being of my child, (or myself) I hereby authorize the Director or Instructor of the Worship Dance Camp to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that I and my Medical Insurance Carrier are financially responsible for any medical treatment extended to my child, (or myself) and that Resurrection Lutheran Church and Zion Center for Worship and the Arts, their agents or representatives cannot be held accountable or liable for such medical treatment.

EMERGENCY CONTACTS:

#1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE(Home): _____ (Work): _____ (Cell): _____

#2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE(Home): _____ (Work): _____ (Cell): _____

Signature or Parent/Guardian or Adult Participant

Date