Release Form (please complete and return to church office)

We/I,	, the parent(s) or legal guardian(s)	
currently having the care and custody (of, a minor,	
hereby release and discharge Cavanau	gh FWB Church, its representatives, successors, and assigns, very kind which such minor may have against such released	
	thurch from, and fully waive, any and all rights we may have dother expenses incurred because of any injury to said	
Father	Mother	
Legal Guardian	Date	
We/I,	, the parent(s) or legal	
informed that our child will be particip which carry with them a certain degree hiking, camping, field trips, sports and	, certify that we/I have been pating in a number of activities for the calendar year, e of risk. These activities might include swimming, boating, other activities offered by the church. We/I consent for my I affirm that my child is physically fit, and has the necessary rities. He/she is able to swim.	
Medical Treatment Authorization		
If the church cannot reach me, I authorize	to notify me in case of a medical emergency involving my child. It the church to hire a doctor or other health-care professional to my deem necessary. I will pay for any medical expenses incurred	
I will notify the church if I feel there are a participation in any of the activities listed	any health considerations that would prevent my child's above.	
I also give my permission for church lead should doubt my child's ability or safety	ders to restrict my child from participating in any activity if they while participating.	
Parent/guardian signature:	Date: Phone – evening:	
Phone – day time:	Phone – evening:	
Medical Ins. Co:	Policy #:	
Doctor's name:	Dr. Phone #:	
permit the use of picture(s) and/or vide	parent(s) or legal guardian(s) of, do []/do not [] agree to eo(s) approved by church staff to be used to promote the	
Cavanaugh Church and related ministrated media, and church-approved advertising	ries via church material, church website, church social ng.	