



Covenant Generations Church

651 S. Kolb Tucson, AZ 85710

520-861-0303

RELEASE FORM TWIST AND TURNS VBS JUNE 12—16, 2023

RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE.

THIS IS A LEGALLY BINDING AGREEMENT.

I HEREBY AGREE AS FOLLOWS for (Child's Name)

This agreement waives any right I have, or may have in the future to sue Covenant Generations Church, Inc., its officers, agents, employees or volunteers for any loss, damage, expense or injury to my child including death, arising out of their participation in activities involving **TWIST AND TURNS VBS** due to any cause whatsoever, including negligence. _____ (initial)

I will indemnify and hold Covenant Generations Church harmless for liability for property damage or personal injury including death. _____(initial)

I will indemnify and hold Covenant Generations Church harmless for attorneys' fees, cost or expenses it may incur in enforcing this agreement or that relate in any way to my child's activities with Covenant Generations Church **TWIST AND TURNS VBS** _____(initial)

I will indemnify and hold Covenant Generations Church harmless in any legal action by a third party as a result of my child's participation with Covenant Generations Church for **TWIST AND TURNS VBS** _____(initial)

I have adequate insurance to cover any injury or damage my child may cause of suffer as a result of their participation with Covenant Generations Church at **TWIST AND TURNS VBS** and/or accept all financial responsibility for ay injury or damage. _____(initial)

_____ has my permission to participate at **TWIST AND TURNS VBS** with Covenant Generations Church . I am aware that the above named son/daughter will be responsible for to obey all rules and responsibilities required of them. _____(initial)

I acknowledge that gross validation of rules and responsibilities will result in my son/daughter being sent home with no refund of fee. _____(initial)

Parent or Legal Guardian Signature

Date

Home Phone

Emergency Phone

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for above named son/daughter if we cannot be reached in case of an emergency.

Our consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned void their signatures hereon.

_____ am pm
Date Time

Parent or Legal Guardian Signature

Does your child have any allergies? Yes No

If so what? _____

I waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown or unknown, against the Covenant Generations Church, Tucson, Arizona its employees, agents, and volunteer workers, for any injuries suffered by my child in connection with participating in **TWIST AND TURNS VBS** .

Parent or Legal Guardian signature.

Date: _____