SUNCREST FAMILY WORSHIP CENTER

Medical/Permission and Release Form

I give permission for (Child Name)	
to attend (NAME EVENT) Worship Center and Mosaic Student N	with Suncrest Family //inistries
	EST FAMILY WORSHIP CENTER staff member or sponsor sary medical attention in case of sickness or injury (Participant's Name).
volunteers and SUNCREST FAMILY vactions or cause of actions, past, presparticipating in the event listed above the return of child, should the adult suapplicable) or for medical care costs to permission to leadership of this event	ase, and forever discharge all sponsors, leaders, WORSHIP CENTER from any and all claims, demands, ent or future arising out of any damage or injury while We further accept financial and physical responsibility for pervision find it necessary to send him/her/them home (as nat may arise due to accidental injury. We hereby give to be the advocate between our child and medical e of emergency knowing that I will be contacted as soon as is.
camps and donors who continue to make this mini I give permission for leaders from Sur use photo's and videos of the above r	nay use photo and video of mostly group settings at camp to promote future
□ YES I GIVE MY PERMISSION □	NO I DO NOT GIVE MY PERMISSION
Allergies or medical conditions:	
Signature of Parent/Guardian:	
Print	
Emergency contact #1	Phone
Emergency contact #2	Phone