

Child's Name:	DOB:
Parent's Name:	Phone:
Address	
Email Address:	
Child's Physician:	phone:
	medical (including allergies), physical or mental
condition that staff should be awa	re of to provide adequate care? (use back if needed)
Name of two (2) relatives or frien	nds authorized to act in your behalf in case you cannot
be reached:	
Name:	Relationship:

Iname:	Kelationship:
Phone:	
Name:	Relationship:
Phone:	-

I hereby authorize (child care entity), in the event of illness or injury that should require medical care or attention while the minor child is in the care of custody of (child care entity), to take such child to a healthcare provide for any medical care. I/We understand that (child care entity) will use reasonable effort to contact me or my authorized representative in the event such medical care is required. I/We hereby release (child care entity) from any liability by reason of (child care entity) acting pursuant to this authorization. The undersigned further agree they will be responsible (jointly and severally) for and will pay for all medical expenses/charges incurred for the minor child pursuant to this authorization.

In consideration for allowing my child to participate in activities during calendar year, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Saint Mark Presbyterian Church, it's officers and/or members or their agents, or the Mission Presbytery with which it is affiliated (hereafter RELEASEES"), from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or any of the property belonging to me or my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

Parent/Legal Guardian

Printed Name

Date

## PHOTO RELEASE

I, \_\_\_\_\_\_parent/guardian (please print name) give the St. Mark Presbyterian Church the right and permission to use my son's/daughter's photograph(s) in its promotional materials and publicity efforts.

I understand that the photograph(s) may be used in publications, print-ads, direct-mail pieces, electronic media (e.g., video, CD-ROM, World Wide Web, etc.) or other forms of promotion. I also understand that care will be given to limit the release of personal information in all of these publications. I release St. Mark Presbyterian Church, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Parent/Legal Guardian