

409 1ST STREET SE MOULTRIE, GA 317968 229-985-2139

ANNUAL EVENT WAIVER

Age
Phone #
Phone #
e explain
insurance. If you have medical insurance, your carrier llness or injury while your son or daughter is on a church Yes
policy #
an emergency during the dates specified on this form, I exted by the church leadership to hospitalize, to secure surgery for my son or daughter, as deemed necessary.
is carefully planned and adequately supervised by mature aution, unforeseen events can occur. By signing this form, as and hazards inherent in church related activities. They oyees or volunteer assistants liable for damages, losses, or as or guardians understand that they are signing for the edical and liability release.
to take photos of my child and use the images in any ers, posters, ads, billboards, and any other media (circle one)
Date