



**PARENTAL PERMISSION, PERSONAL LIABILITY & MEDICAL RELEASE**

**Liability Release**--The undersigned, being the parent, guardian, or managing conservator of (child's name) \_\_\_\_\_ (hereafter the "Child"), such Child being under eighteen (18) years of age, does give permission for such Child to participate in MPKIds activities sponsored by the church named above (hereafter "the Church"). Being the legal and acting guardian of the Child, and acting for myself and the on behalf of my Child, I release and hold harmless MPKIds and the Church and its respective staff, employees, volunteers, agents and representatives of any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Child and/or the undersigned resulting from any cause whatsoever occurring to the Child and/or the myself at any time while attending a MPKIds activity, including travel to and from any activity, excepting only such injury or damage resulting from willful acts of these individuals.

**Medical Release**—I voluntarily give permission for MPKIds and the Church to administer and/or obtain routine or emergency medical treatment for my Child as deemed necessary under the circumstances. Any further treatment will require parental or guardian consultation and consent. I agree to indemnify and hold harmless MPKIds and the Church and their respective staff, employees, volunteers, agents and representatives for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of my Child and/or me arising from or on account of these procedures and/or treatment rendered in good faith and according to accepted medical standards. I also agree that I will be responsible for any financial debt incurred by the rendering of emergency medical treatment.

I can be reached at the following telephone numbers: Home Phone \_\_\_\_\_

Dad (Cell) \_\_\_\_\_ Dad (Work) \_\_\_\_\_

Mom (Cell) \_\_\_\_\_ Mom (Work) \_\_\_\_\_

My child does not have any medical problems or special physical conditions, nor is my child allergic to any medicines to my knowledge, other than the following:

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Ins.#: \_\_\_\_\_

Family Doctor (Name): \_\_\_\_\_ (Office Phone) \_\_\_\_\_

**Transportation Release**—I give permission for my Child to be transported either by Church-provided transportation, either by Church-owned bus, commercial bus or by Church leaders' private vehicles for field trips or other MPKIds activities. If I do not want my Child to use this transportation, I will take sole responsibility to provide transportation or to see that my Child does not attend the activity.

**Marketing Release**—I understand that my Child's picture, art, written work, voice, verbal statements or portraits (video or still) may appear in MPKIds' publicity or publications, videos or on the MPKIds website. These pictures and items will not personally identify the Child unless I specifically provide permission to do so. No monetary consideration will be paid. I understand that these pictures and items may be used by MPKIds in perpetuity, and that this agreement is binding upon heirs and/or future representatives.

I, on my own behalf and on behalf of my Child, hereby warrant that I have read this Release in its entirety and fully understand its contents, and am aware that this form releases MPKIds and the Church from liability, and have signed this form of my own free will. I understand that this authorization shall be effective continuously from the date hereof until canceled by written notice by MPKIds. I agree to update this information in writing as the need arises.

\_\_\_\_\_  
Signature of Parent, Guardian or Managing Conservator

\_\_\_\_\_  
Date